

03/16/2009 AT 10:54 AM
30885

1013694191-1-1
ONTX0551

FARMERS TEXAS COUNTY MUTUAL INS CO
BEAUMONT FIELD CLAIMS CENTER
FOR SUPPLEMENT CALL (800) 282-7033
P.O. BOX 268994
OKLAHOMA CITY, OK 73126-8994
(800)435-7764

ESTIMATE OF RECORD

WRITTEN BY: BUNTING, CHAD 03/16/2009 10:54 AM
ADJUSTER: BUNTING, CHAD (409)350-2973

INSURED: TOMMY WARWAS
OWNER: TOMMY WARWAS
ADDRESS: PO BOX 5765
LAKE CHARLES, LA 70606
OTHER: (337)309-5945

CLAIM #1013694191-1-1
POLICY #0041959285
DATE OF LOSS: 03/13/2009 AT 03:00 PM
TYPE OF LOSS: MD
POINT OF IMPACT: 19. ALL OVER

INSPECT: GILBEAUX'S TOWING
LOCATION: 16527 HIGHWAY 62 S
ORANGE, TX 77630

DAY: (409)886-0007
OTHER:

REPAIR TOTAL LOSS
FACILITY:

51 DAYS TO REPAIR
LICENSE #

2007 CHEV CORVETTE 8-6.0L-FI 2D CRP BLACK INT:BLACK
VIN: 1G1YY26U475129317 LIC: RAG177 LA PROD DATE: 03/2007 ODOMETER: 15000
AIR CONDITIONING REAR DEFOGGER TILT WHEEL
CRUISE CONTROL TELESCOPIC WHEEL INTERMITTENT WIPERS
KEYLESS ENTRY THEFT DETERRENT/ALARM NAVIGATION SYSTEM
STEERING WHEEL CONTROLS REMOTE STARTER ON BOARD COMPUTER
MESSAGE CENTER DUAL MIRRORS CONSOLE/STORAGE
DETACHABLE ROOF TRACTION CONTROL STABILITY CONTROL
FOG LAMPS HEADLAMP WASHERS CLEAR COAT PAINT
POWER STEERING POWER BRAKES POWER WINDOWS
POWER LOCKS POWER DRIVER SEAT POWER PASSENGER SEAT
POWER MIRRORS HEATED MIRRORS POWER TRUNK/TAILOATE
MEMORY PACKAGE AM RADIO FM RADIO
STEREO SEARCH/SEEK CD PLAYER
CD CHANGER/STACKER PREMIUM RADIO AUXILIARY AUDIO CONNECTIO
SATELLITE RADIO ANTI-LOCK BRAKES (4) DRIVER AIR BAG
PASSENGER AIR BAG 4 WHEEL DISC BRAKES POSITRACTION
LEATHER SEATS BUCKET SEATS RECLINE/LOUNGE SEATS
HEATED SEATS AUTOMATIC TRANSMISSION ALUMINUM/ALLOY WHEELS

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		FRONT BUMPER					
2		O/H FRONT BUMPER				3.2	
3**		REPL RECOND BUMPER COVER W/HDLF	1	599.00	INCL.		3.2
		WASHER					
4		ADD FOR CLEAR COAT					1.3
5		REPL ENERGY ABSORBER	1	109.83	INCL.		

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NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
6**	REPL	RECOND IMPACT BAR	1	264.78	S	3.5	
7	REPL	FRONT DEFLECTOR	1	63.60	INCL.		
8	REPL	RETAINER	1	35.73	INCL.		
9	REPL	RETAINING BRKT	1	43.97	INCL.		
10		FRONT LAMPS					
11	REPL	RT HEADLAMP ASSY BLACK	1	910.64		0.7	
12		AIM HEADLAMPS				0.5	
13*	REPL	QUAL RECY PARTS LT HEADLAMP	1	687.50		0.7*	
		ASSY BLACK +25%					
14	REPL	RT WASHER NOZZLE W/O Z06	1	126.85		0.3	
15	REPL	LT WASHER NOZZLE W/O Z06	1	126.85		0.3	
16	REPL	RT SIDE MARKER LAMP	1	41.46	INCL.		
17	REPL	LT SIDE MARKER LAMP	1	41.46	INCL.		
18	REPL	RT FOG LAMP ASSY	1	137.25	INCL.		
19		AIM FOG LAMPS				0.3	
20	REPL	LT FOG LAMP ASSY	1	133.40	INCL.		
21		RADIATOR SUPPORT					
22	REPL	UPPER SUPPORT	1	87.05		0.6	
23	REPL	SKID PLATE	1	328.33		1.5	
24		COOLING					
25**	REPL	QUAL REPL PARTS RADIATOR 6.0	1	262.00	M	2.8	M
		& 6.2 LITER, W/OIL COOLER					
26		ADD FOR OIL COOLER			M	0.3	M
27		ADD FOR AUTO TRANS			M	0.3	M
28	REPL	RESERVOIR TANK	1	106.55		0.8	
29**	REPL	QUAL REPL PARTS FAN ASSY	1	285.00	MINCL.		M
30		AIR CONDITIONER & HEATER					
31**	REPL	QUAL REPL PARTS CONDENSER	1	201.00	MINCL.		M
32		EVACUATE & RECHARGE			M	1.4	M
33		REFRIGERANT RECOVERY			M	0.4	M
34		HOOD					
35	REPL	HOOD	1	954.02		1.6	2.8
36		ADD FOR UNDERSIDE (COMPLETE)					1.6
37	REPL	RT HINGE	1	49.52		0.4	0.3
38	REPL	LT HINGE	1	56.51		0.4	0.3
39	REPL	RT LIFT CYLINDER	1	39.91		0.3	
40	REPL	INSULATOR	1	90.79	INCL.		
41		FENDER					
42	REPL	RT FENDER	1	546.14		2.3	2.2
43		OVERLAP MAJOR ADJ. PANEL					-0.4
44		DEDUCT FOR OVERLAP				-0.4	
45	REPL	LT FENDER	1	546.14		2.3	2.2
46		OVERLAP MAJOR ADJ. PANEL					-0.4
47		DEDUCT FOR OVERLAP				-0.4	
48	REPL	RT WHEELHOUSE	1	583.25	S	4.5	1.0
49	REPL	LT WHEELHOUSE	1	583.03	S	4.5	1.0
50		OVERLAP MAJOR NON-ADJ. PANEL					-0.2

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NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
51**	REPL	QUAL REPL PARTS RT FENDER LINER FRONT	1	23.00		INCL.	
52**	REPL	QUAL REPL PARTS LT FENDER LINER FRONT	1	23.00		INCL.	
53		FRAME					
54	REPL	LT FRONT RAIL	1	892.81	S 18.5	F	
55*	RPR	RT FRONT RAIL			S 5.0*	F	
56		ELECTRICAL					
57	REPL	PCM	1	364.62	M 1.2	M	
58		ENGINE					
59	REPL	OUTLET DUCT	1	106.23		0.3	
60		WHEELS					
61*	REPL	QUAL RECY PARTS RT WHEEL CODE: QX3, CHROME FRONT +25%	1	375.00	M 0.3*	M	
62*	REPL	QUAL RECY PARTS LT WHEEL CODE: QX3, CHROME FRONT +25%	1	375.00	M 0.3*	M	
63		FRONT SUSPENSION					
64	REPL	RT KNUCKLE	1	165.35	M 1.6	M	
65	REPL	RT UPPER CNTRL ARM	1	160.96	M 0.9	M	
66		DEDUCT FOR OVERLAP			-0.3	M	
67	REPL	RT LOWER CNTRL ARM	1	286.84	M 1.5	M	
68		DEDUCT FOR OVERLAP			-0.3	M	
69	REPL	STABILIZER BAR FE2: RIDE & HANDLING	1	103.07	MINCL.	M	
70#	SUBL	2 WHEEL / THRUST ANGLE ALIGNMENT	1	49.95	X		
71	REPL	RT SHOCK FE2: RIDE & HANDLING	1	995.76	M 0.6	M	
72		DEDUCT FOR OVERLAP			-0.2	M	
73	REPL	ENGINE CRADLE	1	883.03	M 5.0	M	
74		DEDUCT FOR OVERLAP			-0.3	M	
75		WINDSHIELD					
76**	SUBL	QUAL REPL PARTS WINDSHIELD W/O HEAD UP DISPLAY W/O HARDWARE PLUS KIT	* 1	725.87*	T		
77*	SUBL	WINDSHIELD W/O HEAD UP DISPLAY W/O HARDWARE LABOR	* 1	143.00*	X		
78		ROOF					
79	REPL	WINDSHIELD FRAME	1	1226.53	S 9.0	1.5	
80		OVERLAP MINOR PANEL				-0.2	
81	REPL	ROOF COVER	1	564.88		2.5	1.6
82		PILLARS, ROCKER & FLOOR					
83*	RPR	RT APERTURE PANEL			S 5.0*	2.5	
84		OVERLAP MAJOR NON-ADJ. PANEL				-0.2	
85		DOOR					
86	REPL	RT OUTER PANEL	1	688.58		5.5	2.1
87		OVERLAP MAJOR ADJ. PANEL				-0.4	
88	REPL	LT OUTER PANEL	1	688.58		5.5	2.1
89		OVERLAP MAJOR ADJ. PANEL				-0.4	

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NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
90*	REPL	QUAL RECY PARTS RT MIRROR OUTSIDE W/LIGHT SENSITIVE, W/DIGITAL AUDIO +25%	1	206.25		0.7*	1.0*
91*	REPL	QUAL RECY PARTS LT MIRROR OUTSIDE W/LIGHT SENSITIVE, W/DIGITAL AUDIO +25%	1	375.00		0.7*	1.0*
92**	SUBL	QUAL REPL PARTS RT DOOR GLASS	* 1	377.56*	T		
93*	SUBL	RT DOOR GLASS LABOR	* 1	82.00*	X		
94		QUARTER PANEL					
95	REPL	LT QUARTER PANEL COUPE W/O Z06	1	601.86		2.3	2.4
96		OVERLAP MAJOR ADJ. PANEL					-0.4
97		CLEAR COAT					2.5
98		REAR LAMPS					
99		O/H REAR BUMPER				4.6	
100	R&I	RT TAIL LAMP ASSY				INCL.	
101	R&I	LT TAIL LAMP ASSY				INCL.	
102	R&I	RT SIDE MARKER LAMP				INCL.	
103	R&I	LT SIDE MARKER LAMP				INCL.	
104		REAR BUMPER					
105**	REPL	RECOND BUMPER COVER	1	655.95		INCL.	3.0
106		ADD FOR CLEAR COAT					1.2
107#		SET UP AND MEASURE - RACK	1			1.5	F
108#		COVER CAR	1	5.00	X		
109#	SUBL	HAZARDOUS WASTE	1	3.50	X		
110#		GLASS CLEAN UP	1			2.0	
111#	RPR	BODY PULL				5.0	F
112#	SUBL	TOWING	1	986.60	X		
SUBTOTALS ==>				20177.34		111.5	34.2

LINE 13 : SUPPLIERS PART DESCRIPTION: H/LAMP ASSY, LT TAG 85297 IQ READY FIXED
TABS,SILVER (OPT 67U) L.
LINE 61 : SUPPLIERS PART DESCRIPTION: WHEEL 18IN,CHRM,RH,FRONT,SMALL
NICKS,18X8-1/2 5 SPOKE CHROME (OPT QX3)
LINE 62 : SUPPLIERS PART DESCRIPTION: WHEEL 18IN,CHRM,RH,FRONT,SMALL
NICKS,18X8-1/2 5 SPOKE CHROME (OPT QX3)
LINE 90 : SUPPLIERS PART DESCRIPTION: SIDE MIRROR, RT -RH-ELECTRIC, W/LT.
SENSITIVE (OPT DD0),,ELECTRIC W/LIGHT SENSITIVE (OPT DD0)
LINE 91 : SUPPLIERS PART DESCRIPTION: SIDE MIRROR, LT
-LH-ELE.W/LT.SENSITIVE(OPT DDO)W/DIGITA,ELECTRIC W/LIGHT SENSITIVE
(OPT DD0)

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PARTS			18907.29
BODY LABOR	66.0 HRS	@\$ 46.00/HR	3036.00
PAINT LABOR	34.2 HRS	@\$ 46.00/HR	1573.20
MECHANICAL LABOR	15.5 HRS	@\$ 70.00/HR	1085.00
FRAME LABOR	30.0 HRS	@\$ 65.00/HR	1950.00
PAINT SUPPLIES			450.00
SUBLET/MISC.			1270.05

SUBTOTAL			\$28271.54
SALES TAX	\$19357.29	@ 8.2500%	1596.98

TOTAL COST OF REPAIRS			\$29868.52
ADJUSTMENTS:			
DEDUCTIBLE			500.00

TOTAL ADJUSTMENTS			\$ 500.00
NET COST OF REPAIRS			\$29368.52

FARMERS' NON-OEM SHEET METAL PARTS WARRANTY

WHEN YOU HAVE YOUR VEHICLE REPAIRED AFTER AN ACCIDENT AND THE REPAIR ESTIMATE INCLUDES THE USE OF CERTAIN NON-OEM SHEET METAL CRASH PARTS (PARTS NOT MADE BY OR FOR YOUR VEHICLE'S ORIGINAL MANUFACTURER), FARMERS WILL STAND BEHIND THOSE PARTS FOR AS LONG AS YOU OWN THE VEHICLE. IF A SUPPLIER OF A PART LISTED IN YOUR REPAIR ESTIMATE OR THE SHOP THAT PERFORMED THE REPAIRS ON YOUR VEHICLE IS UNABLE TO RESOLVE A LEGITIMATE COMPLAINT ABOUT THE QUALITY OF THE NON-OEM SHEET METAL PARTS USED IN THE REPAIR, WE WILL MAKE EVERY EFFORT TO SEE THAT THE PROBLEM IS CORRECTED.

PARTS COVERED BY THIS WARRANTY ARE LIMITED TO HOODS, FENDERS, DOOR SHELLS, TRUCK BEDS, BOX SIDES, TAILGATES, LIFT GATES, QUARTER PANELS, REAR OUTER PANELS, BODY SIDE PANELS, TRUNK LIDS AND DECK LIDS.

FOR ASSISTANCE, CONTACT YOUR NEAREST FARMERS CLAIMS OFFICE OR AGENT.

DISCLAIMER

THIS WARRANTY AND ANY REPRESENTATIONS MADE HEREIN ARE NON-TRANSFERABLE AND ITS BENEFITS EXTEND ONLY TO THE PARTY OWNING THE VEHICLE AT THE TIME OF THE REPAIR. IT IS NOT PART OF YOUR INSURANCE POLICY AND DOES NOT CONSTITUTE AN EXTENSION OF COVERAGE THEREUNDER.

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TO EXPEDITE THE HANDLING OF ANY SUPPLEMENTAL DAMAGES CLAIM, PLEASE HAVE THE APPROXIMATE AMOUNT OF ADDITIONAL DAMAGES AVAILABLE WHEN YOU CALL 1 (800) 282-7033. POTENTIALLY, A REINSPECTION MAY BE CONDUCTED WITHIN HOURS OF YOUR CALL. ALL SUPPLEMENTS MUST BE APPROVED BY A CLAIMS REPRESENTATIVE BEFORE REPAIRS ARE COMPLETED.

"IF THE ABOVE ESTIMATE INCLUDES A NAPA PART PRICE, THE REPAIR FACILITY MUST COMPLETE A ONE TIME SET UP WITH THEIR LOCAL NAPA RETAILER IN ORDER TO RECEIVE THE SPECIAL "FARMERS PREFERRED PARTS PROGRAM" PRICING. TO ACCOMPLISH SET UP, CONTACT YOUR LOCAL NAPA RETAILER AND ASK THEM TO INSERT BILLING CODE NUMBER 9066 INTO YOUR CUSTOMER BILLING PROFILE. THE 9066 CODE WILL ENABLE YOUR REPAIR FACILITY TO RECEIVE SPECIAL PRICING ON ALL NAPA PARTS AND/OR SUPPLIES PURCHASED. IF YOU DO NOT ALREADY HAVE A LOCAL NAPA RETAILER ACCOUNT, PLEASE CALL 1-800-LET-NAPA FOR YOUR NEAREST NAPA LOCATION."

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ESTIMATE CALCULATED USING A PRESET USER THRESHOLD AMOUNT FOR THE PAINT AND MATERIAL COST.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THESE PARTS RATHER THAN THE MANUFACTURER OF YOUR VEHICLE.

RECYCLED PART COSTS BASED ON INFORMATION PROVIDED BY CAR-PART.COM. FOR ASSISTANCE, CALL CCC AT 800-637-8511.

GLASS REPLACEMENT IS AVAILABLE BY CALLING SAFELITE AT 1-800-826-0914.

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ESTIMATE BASED ON MOTOR CRASH ESTIMATING GUIDE. UNLESS OTHERWISE NOTED ALL ITEMS ARE DERIVED FROM THE GUIDE DR1CF05, CCC DATA DATE 03/02/2009, AND THE PARTS SELECTED ARE OEM-PARTS MANUFACTURED BY THE VEHICLES ORIGINAL EQUIPMENT MANUFACTURER. OEM PARTS ARE AVAILABLE AT OE/VEHICLE DEALERSHIPS. OPT OEM (OPTIONAL OEM) OR ALT OEM (ALTERNATIVE OEM) PARTS ARE OEM PARTS THAT MAY BE PROVIDED BY OR THROUGH ALTERNATE SOURCES OTHER THAN THE OEM VEHICLE DEALERSHIPS. OPT OEM OR ALT OEM PARTS MAY REFLECT SOME SPECIFIC, SPECIAL, OR UNIQUE PRICING OR DISCOUNT. OPT OEM OR ALT OEM PARTS MAY INCLUDE "BLEMISHED" PARTS PROVIDED BY OEM'S THROUGH OEM VEHICLE DEALERSHIPS. ASTERISK (*) OR DOUBLE ASTERISK (**) INDICATES THAT THE PARTS AND/OR LABOR INFORMATION PROVIDED BY MOTOR MAY HAVE BEEN MODIFIED OR MAY HAVE COME FROM AN ALTERNATE DATA SOURCE. TILDE SIGN (~) ITEMS INDICATE MOTOR NOT-INCLUDED LABOR OPERATIONS. NON-ORIGINAL EQUIPMENT MANUFACTURER AFTERMARKET PARTS ARE DESCRIBED AS AM, QUAL REPL PARTS OR COMP REPL PARTS WHICH STANDS FOR COMPETITIVE REPLACEMENT PARTS. USED PARTS ARE DESCRIBED AS LKQ, QUAL RECY PARTS, RCY, OR USED. RECONDITIONED PARTS ARE DESCRIBED AS RECOND. RECOND PARTS ARE DESCRIBED AS RECOND. NAGS PART NUMBERS AND BENCHMARK PRICES ARE PROVIDED BY NATIONAL AUTO GLASS SPECIFICATIONS. LABOR OPERATION TIMES LISTED ON THE LINE WITH THE NAGS INFORMATION ARE MOTOR SUGGESTED LABOR OPERATION TIMES. NAGS LABOR OPERATION TIMES ARE NOT INCLUDED. POUND SIGN (#) ITEMS INDICATE MANUAL ENTRIES. SOME 2009 VEHICLES CONTAIN MINOR CHANGES FROM THE PREVIOUS YEAR. FOR THOSE VEHICLES, PRIOR TO RECEIVING UPDATED DATA FROM THE VEHICLE MANUFACTURER, LABOR AND PARTS DATA FROM THE PREVIOUS YEAR MAY BE USED. THE PATHWAYS ESTIMATOR HAS A COMPLETE LIST OF APPLICABLE VEHICLES. PARTS NUMBERS AND PRICES SHOULD BE CONFIRMED WITH THE LOCAL DEALERSHIP.

CCC PATHWAYS - A PRODUCT OF CCC INFORMATION SERVICES INC.

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RECYCLED PART SUPPLIERS

LINE	LINE DESCRIPTION	PRICE
61	QUAL RECY PARTS RT WHEEL +25% STOCK NO.: AA5714	\$ 375.00
62	QUAL RECY PARTS LT WHEEL +25% STOCK NO.: AA5714	\$ 375.00
	AIRLINE USED AUTO PARTS - KOLT (800)989-0090 10616 AIRLINE DR. PETER NGUYEN HOUSTON, TX 77037	
13	QUAL RECY PARTS LT HEADLA +25% STOCK NO.: 27308	\$ 687.50
	BIG LEROY'S AUTO PARTS - KOLT (800)288-6725 11801 W. MONTGOMERY RD. GREG BLAIR HOUSTON, TX 77086	
90	QUAL RECY PARTS RT MIRROR +25% STOCK NO.: Z0643D	\$ 206.25
91	QUAL RECY PARTS LT MIRROR +25% STOCK NO.: Z0644D	\$ 375.00
	LKQ - CENTRAL (866)557-2677 TX,KS,NE,OK,AR TOPEKA, KS 66619	

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ALTERNATE PARTS SUPPLIERS

6 RECOND IMPACT BAR	PART NO.	3100-RF	PRICE	264.78
105 RECOND BUMPER COVER	PART NO.	5748-RB	PRICE	655.95

HOUSTON BUMPERS, INC.
3915 MCKINNEY ST.
HOUSTON, TX 77023
(713)237-1200
(800)392-6531

29 QUAL REPL PARTS FAN ASSY	PART NO.	GM3115202	PRICE	285.00
31 QUAL REPL PARTS CONDENSER	PART NO.	GM3030252	PRICE	201.00
51 QUAL REPL PARTS RT FENDER L	PART NO.	GM1249176	PRICE	23.00
52 QUAL REPL PARTS LT FENDER L	PART NO.	GM1248176	PRICE	23.00

NATIONAL AUTOBODY PARTS FPPP - DEL
2000 E. MAIN
GRAND PAIRIE, TX 75050
(800)214-7222
(972)263-1111

3 RECOND BUMPER COVER W/HDL P	PART NO.	GM1000738	PRICE	599.00
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COVERS & CHROME
6827 LA PASEO STREET
HOUSTON, TX 77087
(713)643-2700
(866)643-2772

25 QUAL REPL PARTS RADIATOR 6.	PART NO.	103243	PRICE	262.00
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1-800-RADIATOR TX, AR, LA, OK FPPP
16+ WHS, DELVR DAILY/OVERNIGHT
TX, AR, LA, OK, TX 76118
(800)723-4286

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ALTERNATE PARTS USAGE

AFTERMARKET PARTS

AFTERMARKET SELECTION METHOD: AUTOMATICALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT AN AFTERMARKET PART WAS AVAILABLE: 6

NO. OF AFTERMARKET PARTS THAT APPEAR IN THE FINAL ESTIMATE: 7

OPTIONAL OEM PARTS

OPTIONAL OEM SELECTION METHOD: AUTOMATICALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT AN OPTIONAL OEM PART WAS AVAILABLE: 0

NO. OF OPTIONAL OEM PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0

RECONDITIONED PARTS

RECONDITIONED SELECTION METHOD: AUTOMATICALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT A RECONDITIONED PART WAS AVAILABLE: 5

NO. OF RECONDITIONED PARTS THAT APPEAR IN THE FINAL ESTIMATE: 3

RECYCLED PARTS

NO. OF TIMES USER WAS NOTIFIED THAT A RECYCLED PART WAS AVAILABLE: 18

NO. OF RECYCLED PARTS THAT APPEAR IN THE FINAL ESTIMATE: 5

CARMICHAEL'S

INFUSION THERAPY & MEDICAL EQUIPMENT

1725 W Sale Rd, Lake Charles, LA 70605-2521, Phone: (337) 474-7000



DELIVERY TICKET

Date 11/10/2011 3:59:12 PM

Sales Order 52719

Customer ID 35604

Customer WARWAS, TOMMY E

DOB 04/20/1957

Height 61 in.

Weight 195 lbs. Sex M

Bill to P.O. BOX 5765
LAKE CHARLES, LA 70605
(337) 707-2201

Deliver to 7612 SPECK DRIVE
LAKE CHARLES, LA 70605
(337) 707-2201

Insurance CIGNA GOVERNMENT SERVICES / MCAID

Comments or Special Instructions

HIPAA Signature on file No

Delivery Date		Time	CSR	Branch	Warehouse		
11/10/2011			Kristen	Lake Charles	Lake Charles		
Qty	Type	Bin	Item		Ext. Amt.	Tax	Co-Pay
1	Purchase		MDS86810B / ROLLATOR 250 LB CAP CRV BK BLUE MEDLINE HEALTH, INC. / MDS86810B		\$141.45	\$0.00	\$0.00
1	Purchase		001223 / SEAT FOR ROLLATOR _C / 001223		\$31.10	\$0.00	\$0.00
TOTAL					\$172.55	\$0.00	\$0.00

Financial Responsibility Statement:

Assignment of Benefits Statement:

I have received a copy of the Medicare Supplier Standards: [Y] [N] [D] Initials: _____

K. Ramsey
Thank You for Your Business !!!

Customer Copy

Sales Order 52719

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Customer WARWAS, TOMMY E

Customer ID 35604



1002 N Parkerson
Crowley, LA
337-783-7263
800-570-7263

1725 W. Sale Road
Lake Charles, LA
337-474-7000

1472 S. College
Suite 101
Lafayette, LA 70503
337-234-0085

Customer Information Checklist

Patient Name: Tommy Warwas
Equipment Ordered: Rotator - Blue

- ☒ Advanced Directives
☒ Mission Statement, Customer Information, Customer Complaints, Customer Rights, and Responsibilities
☒ Medicare Supplier Standards
☒ Acceptance of Services

I understand that by signing this agreement, I authorize provision of products and/or services provided to me by Carmichael's Medical Equipment Company. I also understand that the products and services provided are prescribed by my physician and that it is necessary that I remain under the supervision of my attending physician during the course of my care.

☒ Medical Information Authorization

I hereby authorize release to Carmichael's Medical Equipment Company any and all of my medical records pertaining to my medical history, services rendered, or treatments received from my physician(s) or hospital in order to process insurance claims. I also hereby authorize Carmichael's Medical Equipment Company to furnish my insurance carrier(s) any medical history, services rendered, or treatment needed.

☒ Release of information for Accreditation

I authorize Carmichael's Medical Equipment Company to release any or all parts of my medical record to accrediting, certifying, and licensing organizations and their surveyors. In addition (upon my expressed verbal consent) I allow telephone and/or person contact between myself, my family, and these surveyors for the purpose of obtaining accreditation, certification, and/or licensure for the organization.

☒ Assignment of Insurance Benefits

I authorize direct payment of insurance benefits by my insurance company to Carmichael's Medical Equipment Company. In the event that my insurance carrier does not accept "assignment of benefits", I understand that payments may be sent directly to me and that I am obligated to endorse and directly send such payments to Carmichael's Medical Equipment Company for payment of my bill.

☒ Financial Responsibility

I understand that I am responsible to Carmichael's Medical Equipment Company for all charges not covered by my insurance. I recognize that in the event that my insurance company, employer, or any third party payer refuses to pay the rental and/or purchase price(s) of the above items, or delays payment beyond 90 days of my receipt of items, or in the event that I have no insurance coverage or third party payer, that I will be responsible for said payment and will make prompt reimbursement within 30 days of notification by Carmichael's Medical Equipment Company.

☒ Medicare/Medicaid/Insurance will cover 80% supplement will cover 100%, estimated co-payment \$ _____. Patient will be responsible for any deductible and any non-covered items.

☒ Equipment Set-Up Instruction

- | | |
|---|--|
| <input type="checkbox"/> Assemble and install equipment | <input type="checkbox"/> Perform safety and operation checks |
| <input type="checkbox"/> Instruct alternate caregiver if appropriate | <input type="checkbox"/> Explain physician's Rx for equipment use |
| <input type="checkbox"/> Explain after hours contact | <input type="checkbox"/> Explain procedure for non-operating equipment |
| <input type="checkbox"/> Environmental and safety checks (home assessment) | |
| <input type="checkbox"/> Demonstrate equipment and give verbal instruction to patient and caregiver | |
| <input type="checkbox"/> Review printed education material including printed safety | |
| <input type="checkbox"/> Explain customer's responsibility for routine maintenance and cleaning | |
| <input type="checkbox"/> Give Carmichael's Medical Equipment Company's address, phone, and business hours | |
| <input type="checkbox"/> Explain need to contact Carmichael's Medical Equipment Company of any change in patient status | |

☒ Return Demonstration of Equipment Use

() Notice of Privacy Standards

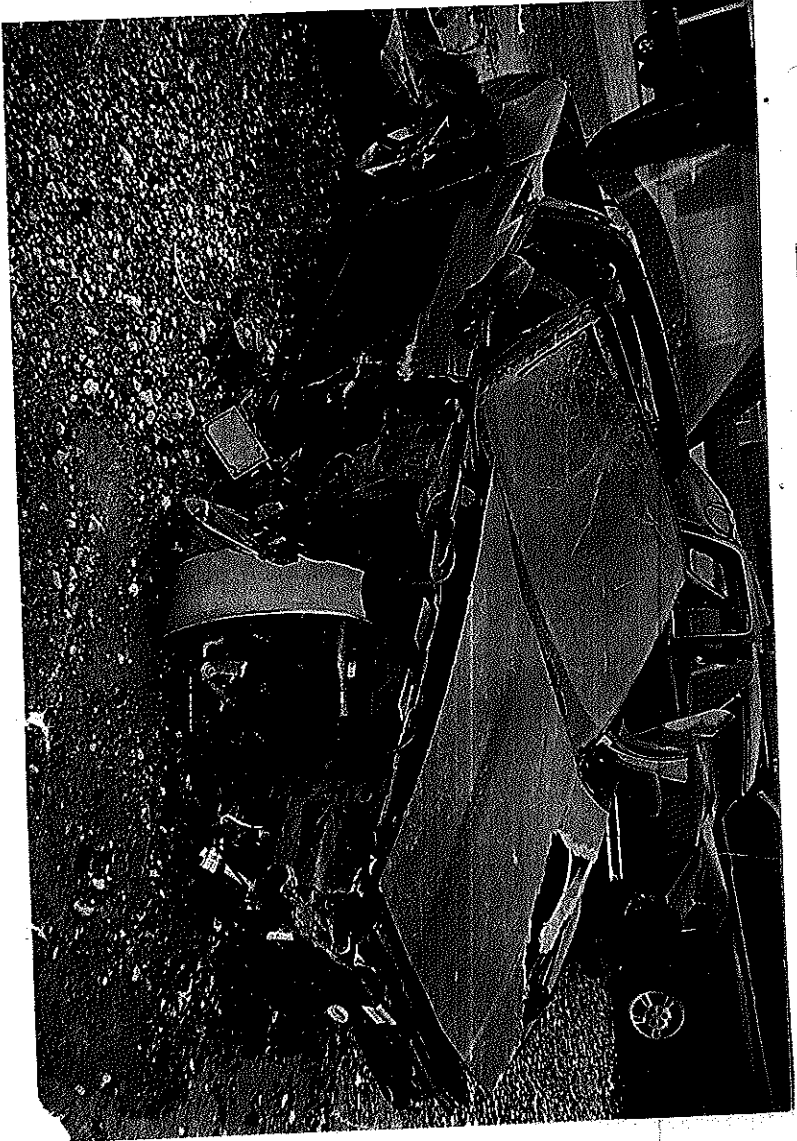
I ACKNOWLEDGE AND UNDERSTAND THE ENTIRE CONTENTS OF THIS DOCUMENT.

Patient Signature: X Tommy Warwas Date: X 11-10-11

Family Signature (if needed): _____ Date: _____

Relationship to Patient: _____

Carmichael's Medical Equipment Co. Staff Kristy Ramsey 11/10/2011





03/13/09
AL0640156556
WARWAS, TOMMY E
AL. EDMAIN
CONGTANG, LENO H MD

High Blood Pressure (Hypertension)

Blood pressure (BP) is the force of blood against the artery walls as the heart beats. High blood pressure, or hypertension, means that this force (or tension) is too high.

Because blood pressure varies during the day and from day to day, doctors monitor readings over time and calculate an average. A BP reading consists of two numbers (for example, 110/80). The top/first number (called *systolic*) indicates the force of blood when the heart beats. The bottom/second number (*diastolic*) indicates the force when the heart rests between beats. If the average systolic number is over 140 OR the average diastolic number is over 90, then a person's blood pressure is considered high.

Symptoms of high blood pressure may include headaches, dizziness, vision problems, and nausea. However, many times the condition has no symptoms and may not be detected for many years. This is why hypertension is often called the "silent killer." The higher a person's blood pressure and the longer it stays that way, the more damage it can do. High blood pressure damages the walls of arteries in the neck, brain, heart, and kidneys and can lead to serious problems like stroke, heart attack, and kidney failure.

Causes of hypertension are not easy to determine, but certain factors can increase the risk of developing it. They include poor diet, high salt intake, lack of exercise, overweight, smoking, alcohol, stress, age, and family history,

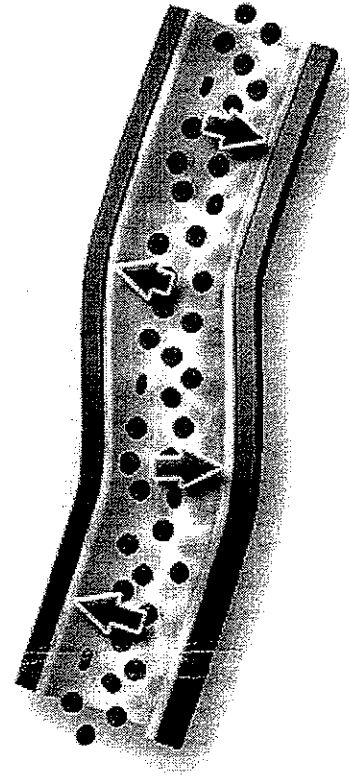
Although high blood pressure is usually associated with older people and aging arteries, anyone can develop it. A newborn's normal blood pressure is usually around 70/52. Teenagers are generally less than 130/70, depending on their body size. In adults, blood pressure lower than 140/90 is generally considered normal.

Treatment focuses on controlling high blood pressure and limiting damage to the body. It can include life-long monitoring, medications, and possibly lifestyle changes.

Home Care

- If the doctor prescribed any medications, take them exactly as directed.
- Make a follow-up appointment with your primary care doctor (or recommended specialist) as soon as possible.
- Learn how to take your own blood pressure and keep a diary of your readings. This helps your doctor track your BP status and adjust your medications, if necessary;

Prevention



Thank you for choosing Christus St. Patrick Emergency Department for you health care needs.



03/13/09
AL0640156556
WARWAS,TOMMY E
AL.EDMAIN
CONGTANG,LENO H MD

Patient Visit Information

Staff

Your caregivers today were:

Physician	CONGTANG,LENO H MD
Practitioner	CHARMAINE LEMAIRE
Nurse	KXB

Patient Instructions Reviewed

Back Pain
Hypertension

received 03/13/09 - 2151

Activity Restrictions or Additional Instructions

F/U WITH PMD IN AM IF SYMPTOMS WORSEN

Medication Dose and Instructions

Cyclobenzaprine Hcl (Flexeril) 5 MG, ORAL THREE TIMES A DAY, #15
Hydrocodone-Apap 5-500 (Lortab 5-500) 1 TAB, ORAL FOUR TIMES DAILY, #25

Follow-up

WARWAS,TOMMY E has been referred to the following clinics/specialists for follow up care:

DIGIGLIA,JOHN A III MD
4150 NELSON ROAD
BUILDING A, SUITE 3
LAKE CHARLES, LA 70605
Ph: (337) 474-7290
Fax: (337) 477-4674

medicare

Dr. Treme 721-7236



03/13/09
AL0640156556
WARWAS,TOMMY E
AL.EDMAIN
CONGTANG,LENO H MD

Back Pain

Back pain can occur from a muscle strain, muscle spasm, herniated (slipped) disk, pinched nerve, or strained ligament.

If you are overweight, out of shape, or use bad body mechanics (improper lifting, reaching, bending, etc.), you are more likely to injure your back.

Back pain usually heals on its own with time and rest. Healing can take from a few days to a month or so.



Home Care

- Try to do your normal daily activities, but don't do anything strenuous for several days.
- Lie down and rest, as needed, in a comfortable position. You can lie on your side with a pillow between your legs or on your back with a pillow under your knees.
- Apply heat and cold to your back. For the first 48 hours, apply an ice pack to the area for 20 minutes on, then 20 minutes off. After 48 hours, use a heating pad for 20 minutes on then off.
- Take over-the-counter and prescription medications, as directed by your doctor.

Prevention

Here are some guidelines to help you prevent future back problems:

- Stand and sit up straight.
- Don't stay in one position for too long.
- When sitting, keep your knees even with your hips and put a cushion behind your lower back.
- Don't stretch your arms or trunk when reaching. Move closer to the object.
- Don't bend at your waist. Lower yourself by bending your knees.
- Don't twist at your waist. Turn your whole body.
- Exercise regularly to keep back muscles strong and flexible.
- Learn and practice proper lifting techniques.

When to Call the Doctor

Call your doctor, or go the Emergency Department, if you have:

- decreased feeling or weakness in one or both legs
- symptoms that get worse
- sudden increase in pain

Go to the Emergency Department immediately if you lose bowel or bladder control.

PLEASE RETURN THIS FORM TO THE RECEPTIONIST

OFFICE SERVICES

	FEE
<input type="checkbox"/> New Patient	
<input type="checkbox"/> 99202 Office Visit, Limited	
<input type="checkbox"/> 99203 Office Visit, Intermediate	
<input type="checkbox"/> 99204 Office Visit, Comprehensive	
<input type="checkbox"/> 99205 Comprehensive Extensive	
<input type="checkbox"/> 99354 Prolonged Service	
<input type="checkbox"/> Established Patient	
<input type="checkbox"/> 99213 Office Visit, Limited	
<input type="checkbox"/> 99214 Office Visit, Intermediate	
<input type="checkbox"/> 99215 Office Visit, Comprehensive	
<input type="checkbox"/> 99244 Consult	
<input type="checkbox"/> 99245 Consult	

DIAGNOSTIC (ICDA CODES)

<input type="checkbox"/> 781.0 Abnormal Involuntary Movements
<input type="checkbox"/> 331.0 Alzheimer's Disease
<input type="checkbox"/> 335.20 Amyotrophic Lateral Sclerosis
<input type="checkbox"/> 346.10 Atypical Migraine
<input type="checkbox"/> 351.0 Bell's Palsy
<input type="checkbox"/> 353.0 Brachial Plexus Lesions
<input type="checkbox"/> 239.6 Brain Tumor Neoplasm
<input type="checkbox"/> 354.0 Carpal Tunnel Syndrome
<input type="checkbox"/> 433.10 Carotid Artery Stenosis w/out Cerebral Infarction
<input type="checkbox"/> 437.3 Cerebral Aneurysm / Other
<input type="checkbox"/> 434.91 Cerebral Infarction
<input type="checkbox"/> 348.89 Cerebral Mass Lesion
<input type="checkbox"/> 343.9 Cerebral Palsy
<input type="checkbox"/> 437.9 Cerebrovascular Disease
<input type="checkbox"/> 353.2 Cervical Disc Disease
<input type="checkbox"/> 353.2 Cervical Irritation
<input type="checkbox"/> 721.1 Cervical Myelopathy
<input type="checkbox"/> 723.0 Cervical Radiiculopathy
<input type="checkbox"/> 357.81 CIDP
<input type="checkbox"/> 346.21 Cluster Headaches
<input type="checkbox"/> 850.0 Concussion
<input type="checkbox"/> 436.0 CVA
<input type="checkbox"/> 722.6 Degenerative Disc Disease
<input type="checkbox"/> 341.8 Demyelinating Disease
<input type="checkbox"/> 368.2 Diplopia
<input type="checkbox"/> 780.4 Dizziness
<input type="checkbox"/> 787.20 Dysphagia Unspecified
<input type="checkbox"/> 323.9 Encephalitis
<input type="checkbox"/> 348.39 Encephalopathy
<input type="checkbox"/> 345.40 Epilepsy, Partial Complex
<input type="checkbox"/> 345.80 Epilepsy / Other
<input type="checkbox"/> 333.1 Essential Tremor
<input type="checkbox"/> 334.0 Friedrich's Ataxia
<input type="checkbox"/> 781.2 Gait Disturbance
<input type="checkbox"/> 357.0 Guillain Barre Syndrome
<input type="checkbox"/> 784.0 Headache
<input type="checkbox"/> 342.90 Hemiparesis / Other
<input type="checkbox"/> 053.9 Herpes Zoster
<input type="checkbox"/> 331.3 Hydrocephalus, Communicating
<input type="checkbox"/> 354.2 Lesion Ulnar Nerve
<input type="checkbox"/> 722.52 Lumbar Disc Disease
<input type="checkbox"/> 724.4 Lumbar Radiculopathy
<input type="checkbox"/> 847.2 Lumbar Strain
<input type="checkbox"/> 780.99 Memory Loss
<input type="checkbox"/> 355.1 Meralgia Paresthetica
<input type="checkbox"/> 322.9 Meningitis
<input type="checkbox"/> 348.91 Migraine Headaches Unspecified
<input type="checkbox"/> 340 Multiple Sclerosis
<input type="checkbox"/> 728.87 Muscle Weakness
<input type="checkbox"/> 358.0 Myasthenia Gravis

Return:

Days

Weeks

Months

DIAGNOSTIC (ICDA CODES) Cont'd

<input type="checkbox"/> 336.9 Myelopathy
<input type="checkbox"/> 359.89 Myopathy
<input type="checkbox"/> 347.00 Narcosis Without Catalepsy
<input type="checkbox"/> 723.1 Neck Pain / Cervicalgia
<input type="checkbox"/> 847.0 Neck Sprain / Strain
<input type="checkbox"/> 729.2 Neuralgia
<input type="checkbox"/> 729.5 Pain in Limb
<input type="checkbox"/> 332.0 Parkinson's Disease
<input type="checkbox"/> 356.8 Peripheral Neuropathy
<input type="checkbox"/> 353.8 Plexopathy
<input type="checkbox"/> 356.4 Polyneuropathy Idiopathic Progressive
<input type="checkbox"/> 053.19 Post Herpetic Neuralgia
<input type="checkbox"/> 310.2 Post Traumatic Brain Syndrome
<input type="checkbox"/> 348.2 Pseudotumor Cerebri
<input type="checkbox"/> 354.3 Radial Nerve Lesion
<input type="checkbox"/> 333.94 Restless Leg Syndrome
<input type="checkbox"/> 724.3 Sciatica
<input type="checkbox"/> 719.41 Shoulder Pain
<input type="checkbox"/> 780.52 Sleep Apnea Unspecified
<input type="checkbox"/> 780.59 Sleep Disorder
<input type="checkbox"/> 780.2 Syncope
<input type="checkbox"/> 356.5 Tarsal Tunnel Syndrome
<input type="checkbox"/> 446.5 Temporal Arteritis
<input type="checkbox"/> 353.0 Thoracic Outlet Syndrome (Brachial Plexus Lesion)
<input type="checkbox"/> 388.31 Tinnitus NOS
<input type="checkbox"/> 435.9 Transient Ischemic Attack
<input type="checkbox"/> 781.0 Tremor
<input type="checkbox"/> 350.1 Trigeminal Neuralgia
<input type="checkbox"/> 780.4 Vertigo
<input type="checkbox"/> 386.12 Vertigo, Peripheral
<input type="checkbox"/> 386.12 Vestibulopathy
<input type="checkbox"/> 386.12 Vestibulopathy, Peripheral
<input type="checkbox"/> 386.9 Visual Disturbance Unspecified

PROCEDURES

<input type="checkbox"/> 95860 Electromyography, one extremity
<input type="checkbox"/> 95861 Electromyography, two extremities
<input type="checkbox"/> 95863 Electromyography, three extremities
<input type="checkbox"/> 95864 Electromyography, four extremities
<input type="checkbox"/> 95867 Electromyography, facial
<input type="checkbox"/> 95903 Motor F Wave Study
<input type="checkbox"/> 95900 Nerve Conduction Study
<input type="checkbox"/> 95904 Sensory Study
<input type="checkbox"/> 95857 Tension Test
<input type="checkbox"/> 95934 H. Reflex
<input type="checkbox"/> Other:

NERVE BLOCKS

<input type="checkbox"/> 64400 Trigeminal Nerve
<input type="checkbox"/> 64402 Facial
<input type="checkbox"/> 64421 Intercostal
<input type="checkbox"/> Other:

MISCELLANEOUS

<input type="checkbox"/> Medical Report
<input type="checkbox"/> Conference Time
<input type="checkbox"/> Other:
<input type="checkbox"/> State Disability
<input type="checkbox"/> Disability Form for Patient

IF 24 HOUR NOTICE OF CANCELLATION IS NOT RECEIVED YOU WILL BE CHARGED FOR MISSED APPOINTMENT FEE OF \$25.00.

PREVIOUS BALANCE

☐ Credit

☐ Due Patient

☐ Insurance

NAME: Tommy Warner

DATE OF SERVICE: 1-5-11

ATTENDING PHYSICIAN'S STATEMENT

Acct #: 4157600

☐ Male ☐ Female

SHAMIEH

ODENHEIMER

BEST

DUMITRU

TOTAL FEE

INSURANCE CARRIERS: This form has been adopted to keep paperwork costs down. If any additional form or itemized bill is required they will be furnished upon receipt of \$25.00

Authorization #

Referred By Carolyn Hutchinson

PCP

SPECIAL INSTRUCTIONS

PATIENT SIGNATURE: X

NEURO ASSOCIATES

A Medical Corporation

707 DR. MICHAEL DEBAKEY DR.
LAKE CHARLES, LOUISIANA 70601
PH: (337) 433-0762
FAX: (337) 433-4868

TAX I.D. # 72-0879908

GROUP NPI# 1639379670

MEDICARE # 5

Medicaid #

Here are some guidelines for people with a family history of high blood pressure (or heart disease):

- Take any prescribed medicine exactly as directed, even if you're feeling fine.
- Get regular exercise.
- Eat healthy and reduce your salt intake.
- Get plenty of sleep.
- Limit alcohol and caffeine.
- Quit smoking.
- Don't abuse drugs.
- Lose weight, if necessary, and maintain a healthy weight.
- Check your blood pressure regularly. Buy a BP monitor or use the automatic machine at your local drug store.
- Learn ways to reduce stress and relax. Some relaxation techniques include yoga, meditation, slow rhythmic breathing, and visualization.

When to Call the Doctor

Call your doctor, or go to the Emergency Department, if you have:

- a sudden rise in your blood pressure while taking BP medicine
- pounding heartbeats in your ears
- ringing in your ears
- a resting pulse rate greater than 100 heartbeats per minute
- faster than normal pulse lasting more than 1 hour

Go to the Emergency Department right away, or get emergency medical help, if you have:

- lightheadedness, dizziness, faintness
- weakness
- shortness of breath or trouble breathing
- chest, neck, jaw, or shoulder pain
- sudden, severe headache with dizziness, blurred vision, nausea, confusion, anxiety
- severe chest pain or breathlessness that occurs at rest
- symptoms of stroke (weakness or numbness on one side of the body, problems speaking)

Thank you for choosing Christus St. Patrick Emergency Department for you health care needs.

Name : Warwas Jr., Tommy

BM 23.66 72

Physician :

ID : 462042749

Height : 67.5 In

Technician : Schlegel, D

Sex : male

Weight : 187.0 Lb

Record # : 2749-1

Age : 54 [4/20/1957]

Date : 9/19/2011

Scorer : DSchlegel RPSGT

Medication InformationSleep DisorderComments

Lights out: 09:46:11 PM

Lights on: 04:58:53 AM

Time	Total	S	D	P	U
Recording (TRT)	7h 12.5m	3h 34.5m	3h 37.5m	0h 0.0m	0h 0.5m
Sleep (TST)	6h 9.0m	3h 13.0m	2h 56.0m	0h 0.0m	0h 0.0m
(S) = Supine, (D) = Side, (P) = Prone, (U) = Upright					

Latency	Stage. N1	Stage. N2	Stage. N3	REM	Onset	Eff.
Actual	0h 57.0m	1h 11.0m	0h 0.0m	1h 56.5m	0h 57.0m	85.32%
Normal				1h 24.8m	0h 11.9m	92.00%

Duration	Wake	Stage. N1	Stage. N2	Stage. N3	REM	MT
Total	63.5	121.5	200.5	0.0	47.0	0.0
Supine	21.5	80.5	82.5	0.0	30.0	0.0
Side	41.5	41.0	118.0	0.0	17.0	0.0
Prone	0.0	0.0	0.0	0.0	0.0	0.0
Upright	0.5	0.0	0.0	0.0	0.0	0.0

%	Wake	Stage. N1	Stage. N2	Stage. N3	REM	MT
Total	14.7	32.9	54.3	0.0	12.7	0.0
Normal	4.3	7.6	61.7	4.9	21.5	
Supine	5.0	18.6	19.1	0.0	6.9	0.0
Side	9.6	9.5	27.3	0.0	3.9	0.0
Prone	0.0	0.0	0.0	0.0	0.0	0.0
Upright	0.1	0.0	0.0	0.0	0.0	0.0

Apnea Summary			Sub	S	D	P	U
TOT	6	Total	6	5	1	0	0
		REM	0	0	0	0	0
		NREM	6	5	1	0	0
OBS	6	REM	0	0	0	0	0
		NREM	6	5	1	0	0
MIX	0	REM	0	0	0	0	0
		NREM	0	0	0	0	0
CEN	0	REM	0	0	0	0	0
		NREM	0	0	0	0	0
(S) = Supine, (D) = Side, (P) = Prone, (U) = Upright							

Hypopnea Summary			Sub	S	D	P	U
TOT	10	Total	10	10	0	0	0
		REM	0	0	0	0	0
		NREM	10	10	0	0	0
OBS	10	REM	0	0	0	0	0
		NREM	10	10	0	0	0
MIX	0.0	REM	0	0	0	0	0
		NREM	0	0	0	0	0
CEN	0	REM	0	0	0	0	0
		NREM	0	0	0	0	0
(S) = Supine, (D) = Side, (P) = Prone, (U) = Upright							

AHI		Total	OBS	MIX	CEN
2.60	Apnea	0.98	0.98	0.00	0.00
	Hypopnea	1.63	1.63	0.00	0.00

	Total	S	D	P	U
Position AHI	2.60	4.66	0.34	0.00	0.00
REM AHI	0.00				
NREM AHI	2.98				

(S) = Supine, (D) = Side, (P) = Prone, (U) = Upright

Desaturation Information

	<100%	<90%	<80%	<70%	<60%	<50%	<40%
Supine	15	0	0	0	0	0	0
Side	1	0	0	0	0	0	0
Prone	0	0	0	0	0	0	0
Upright	0	0	0	0	0	0	0
Total	16	0	0	0	0	0	0

Desaturation threshold setting: 3%
Minimum desaturation setting: 10 seconds
SaO2 nadir: 86%

The longest event was a 46 sec obstructive Hypopnea with a minimum SaO2 of 93%.

The lowest SaO2 was 86% associated with a 41 sec obstructive Hypopnea.

EKG Rates

EKG	Avg	Max	Min
Awake	53	81	39
Asleep	51	65	38

EKG Events: Bradycardia

Awakening/Arousal Information

of Awakenings 3
Wake after sleep onset 05 minutes

Arousal Assoc.	Arousals	Index
Apneas	5	0.8
Hypopneas	7	1.1
Leg Movements	0	0.0
Snore	0	0.0
Spontaneous	74	12.0
Total	86	14.0

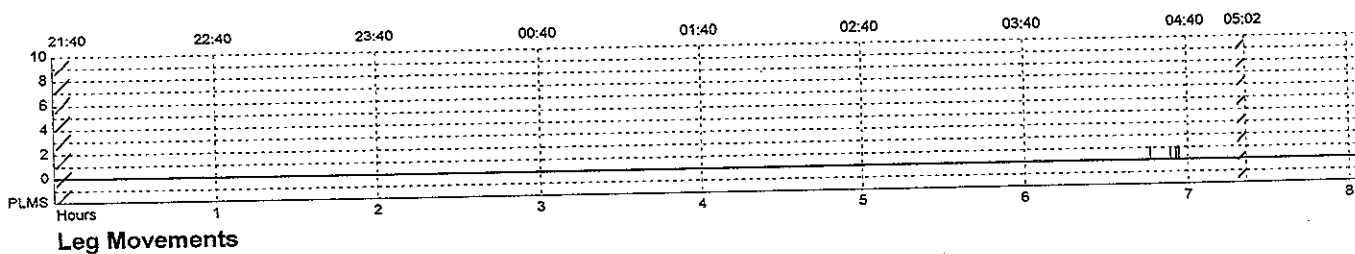
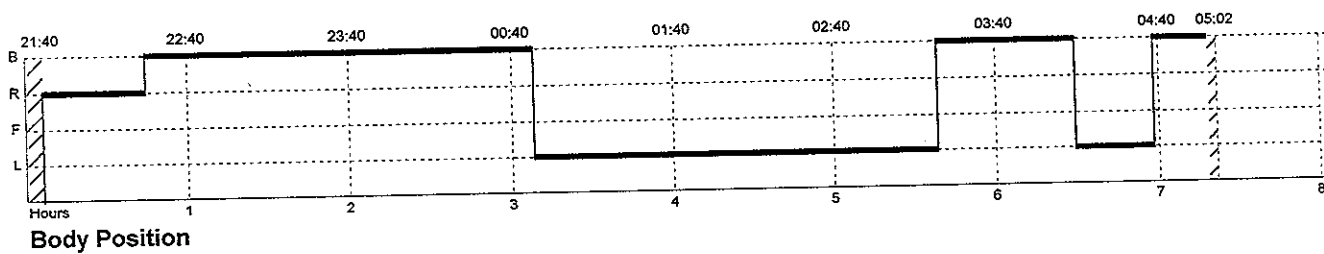
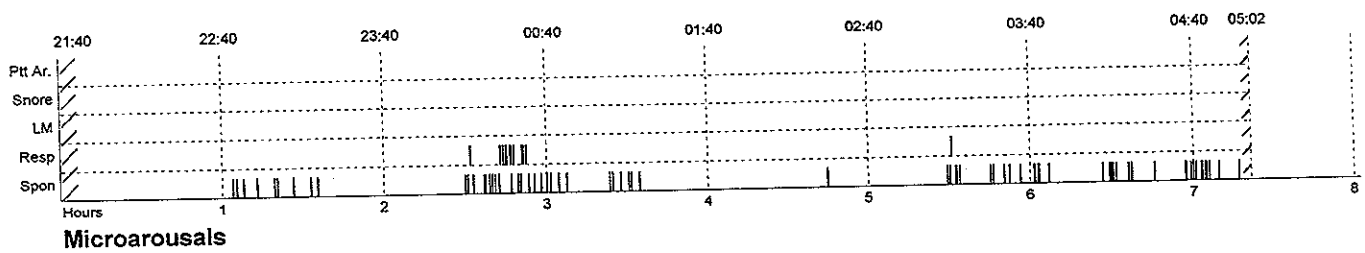
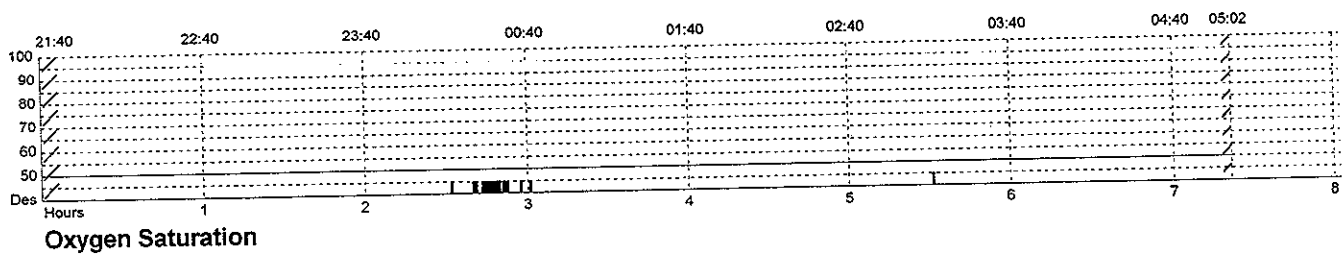
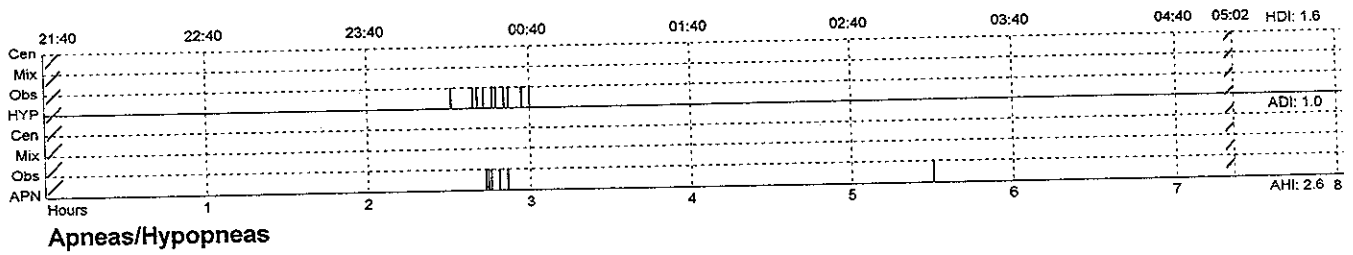
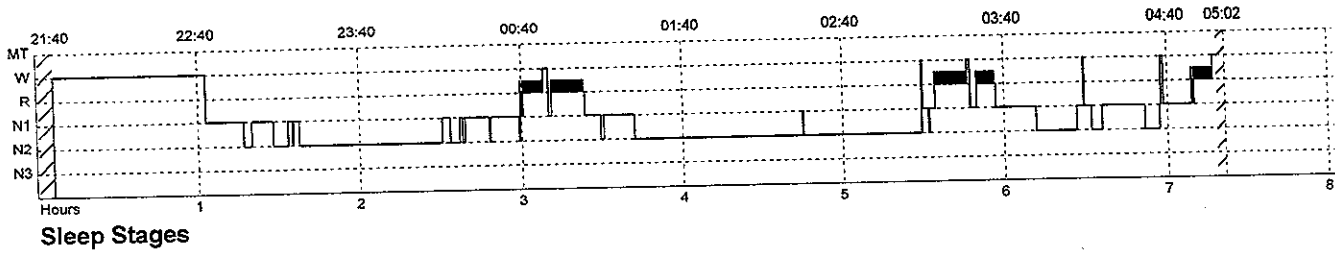
Myoclonus Information

PLMS	Leg Movements	Index
Total LMs during PLMS	0	0.0
LMS w/ Microarousals	0	0.0

LM	Leg Movements	Index
w/ Microarousal	0	0.0
w/ Awakening	0	0.0
w/ Resp Event	0	0.0
Spontaneous	4	0.7
Total	4	0.7

Name: Tommy Warwas Jr.
DOB: 4/20/1957
Date: Mon, Sep 19, 2011

Patient ID: 462042749
Age: 54



General Information

Name : Warwas Jr., Tommy
ID : 462042749
Sex : male
Age : 54 [4/20/1957]

BMI : 28.86
Height : 67.5 In
Weight : 187.0 Lb
Date : 9/19/2011

Physician : ,
Technician : Schlegel, D
Record # : 2749-1
Scorer : DSchlegel RPSGT

Medication Information



Sleep Disorder

Comments

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Normal				1h 24.8m	0h 11.9m	92.00%

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%	Wake	Stage. N1	Stage. N2	Stage. N3	REM	MT
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Supine	5.0	18.6	19.1	0.0	6.9	0.0
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Upright	0.1	0.0	0.0	0.0	0.0	0.0

Apnea Summary		Sub	S	D	P	U
TOT	6	Total	6	5	1	0
		REM	0	0	0	0
		NREM	6	5	1	0
OBS	6	REM	0	0	0	0
		NREM	6	5	1	0
MIX	0	REM	0	0	0	0
		NREM	0	0	0	0
CEN	0	REM	0	0	0	0
		NREM	0	0	0	0

(S) = Supine, (D) = Side, (P) = Prone, (U) = Upright

Hypopnea Summary		Sub	S	D	P	U
TOT	10	Total	10	10	0	0
		REM	0	0	0	0
		NREM	10	10	0	0
OBS	10	REM	0	0	0	0
		NREM	10	10	0	0
MIX	0.0	REM	0	0	0	0
		NREM	0	0	0	0
CEN	0	REM	0	0	0	0
		NREM	0	0	0	0

(S) = Supine, (D) = Side, (P) = Prone, (U) = Upright

AHI		Total	OBS	MIX	CEN
2.60	Apnea	0.98	0.98	0.00	0.00
	Hypopnea	1.63	1.63	0.00	0.00
	Total	2.60			
Position AHI		S	D	P	U
Total		4.66	0.34	0.00	0.00
REM AHI		0.00			
NREM AHI		2.98			

(S) = Supine, (D) = Side, (P) = Prone, (U) = Upright

Desaturation Information

	<100%	<90%	<80%	<70%	<60%	<50%	<40%
Supine	15	0	0	0	0	0	0
Side	1	0	0	0	0	0	0
Prone	0	0	0	0	0	0	0
Upright	0	0	0	0	0	0	0
Total	16	0	0	0	0	0	0

Desaturation threshold setting: 3%
Minimum desaturation setting: 10 seconds
SaO2 nadir: 86%

The longest event was a 46 sec obstructive Hypopnea with a minimum SaO2 of 93%.

The lowest SaO2 was 86% associated with a 41 sec obstructive Hypopnea.

EKG Rates

EKG	Avg	Max	Min
Awake	53	81	39
Asleep	51	65	38

EKG Events: Bradycardia

Awakening/Arousal Information

of Awakenings 3
Wake after sleep onset 05 minutes

Arousal Assoc.	Arousals	Index
Apneas	5	0.8
Hypopneas	7	1.1
Leg Movements	0	0.0
Snore	0	0.0
Spontaneous	74	12.0
Total	86	14.0

Myoclonus Information

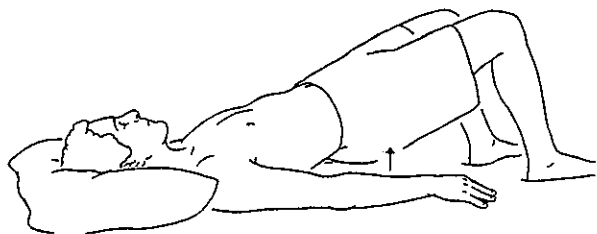
PLMS	Leg Movements	Index
Total LMs during PLMS	0	0.0
LMS w/ Microarousals	0	0.0

LM	Leg Movements	Index
w/ Microarousal	0	0.0
w/ Awakening	0	0.0
w/ Resp Event	0	0.0
Spontaneous	4	0.7
Total	4	0.7

Routine For: T. Warwas
Created By: Nicholas J Cronan, DPT

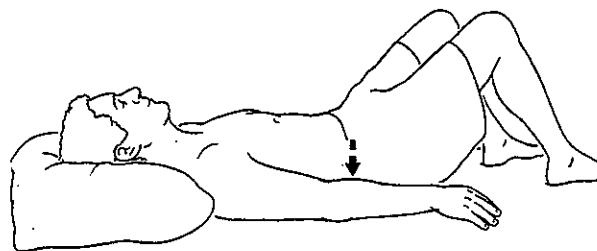
Jun 08, 2011
Final L/sp Therex

TRUNK STABILITY - 9 Bridging



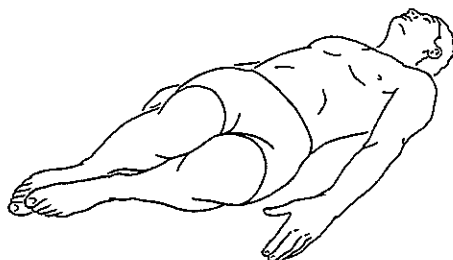
Slowly raise buttocks from floor, keeping stomach tight.
Repeat 20 times per set. Do 1 sets per session.
Do 1 sessions per day.

TRUNK STABILITY - 4 Isometric Abdominal



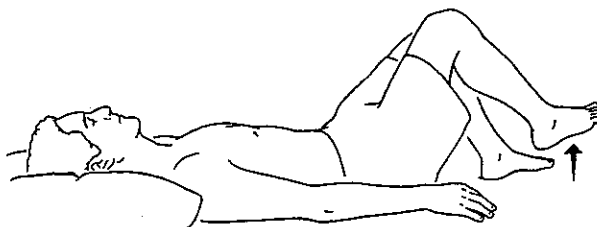
Lying on back with knees bent, tighten stomach by pressing elbows down. Hold 2 seconds.
Repeat 20 times per set. Do 1 sets per session.
Do 1 sessions per day.

BACK - 16 Lower Trunk Rotation Stretch



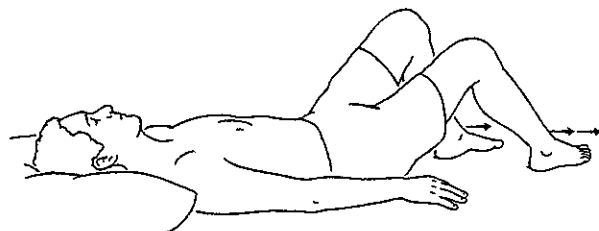
Keeping back flat and feet together, rotate knees to right side. Hold 2 seconds.
Repeat 20 times per set. Do 1 sets per session.
Do 1 sessions per day.

TRUNK STABILITY - 6 Bent Leg Lift (Hook-Lying)



Tighten stomach and slowly raise right leg 4 inches from floor. Keep trunk rigid. Hold 2 seconds.
Repeat 20 times per set. Do 1 sets per session.
Do 1 sessions per day.

TRUNK STABILITY - 8 Heel Walk (Hook-Lying)



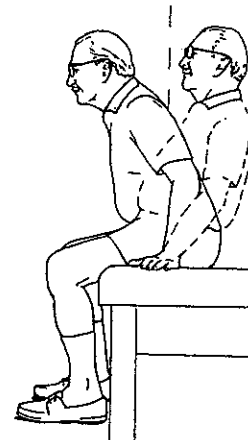
Tighten stomach and slowly walk feet forward in short steps until legs are nearly straight, or until back begins to arch.
Repeat 20 times per set. Do 1 sets per session.
Do 1 sessions per day.

SITTING - 4

Supported Anterior / Posterior Weight Shift:
Lower Trunk Leading

Sit with feet flat on floor, hands on support. Lean forward through hips bringing nose over knees. Return. Then lean backward through hips.

Hold each position 2 seconds.
Repeat 20 times per session.
Do 1 sessions per day.



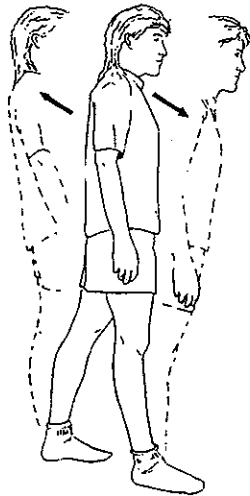
Routine For: T. Warwas
Created By: Nicholas J Cronan, DPT

Jun 08, 2011
Final L/sp Therex

STANDING DYNAMIC - 3
Weight Shift: Diagonal

Slowly shift weight forward
over right leg. Return to
starting position. Shift
backward over right leg.

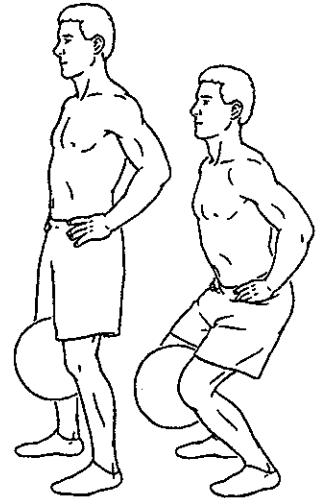
Hold each position
2 seconds.
Repeat 20 times
per session.
Do 1 sessions
per day.



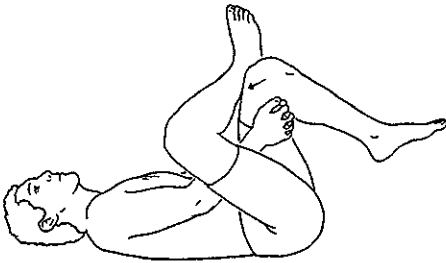
HIP / KNEE - 75

Squat with head up,
reaching back with buttocks
as if sitting down.

Repeat 20 times per set.
Do 1 sets per session.
Do 1 sessions per day.



HIP / KNEE - 48 Piriformis (Supine)

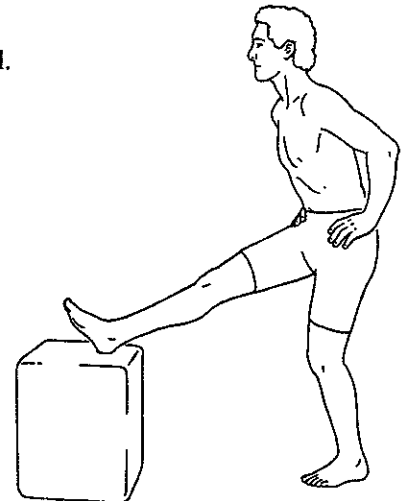


Cross legs, right on top. Gently pull other knee toward
chest until stretch is felt in buttock/hip of top leg.
Hold 15 seconds.
Repeat 3 times per set. Do 1 sets per session.
Do 1 sessions per day.

HIP / KNEE - 39 Stretching: Hamstring (Standing)

Place right foot on stool.
Slowly lean forward,
keeping back straight,
until stretch is felt
in back of thigh.
Hold 15 seconds.

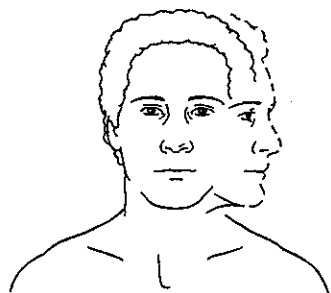
Repeat 3 times
per set.
Do 1 sets
per session.
Do 1 sessions
per day.



Routine For: T. Warwas
Created By: Nicholas J Cronan, DPT

Jun 08, 2011
Final C/sp Therex

CERVICAL SPINE - 1 AROM: Neck Rotation



Turn head slowly to look over one shoulder, then the other.
Hold each position 2 seconds.
Repeat 20 times per set. Do 1 sets per session.
Do 1 sessions per day.

CERVICAL SPINE - 4 AROM: Neck Extension

Bend head backward.
Hold 2 seconds.



Repeat 20 times per set.
Do 1 sets per session.
Do 1 sessions per day.

CERVICAL SPINE - 22A Strengthening:
Shoulder Shrug (Phase 1)

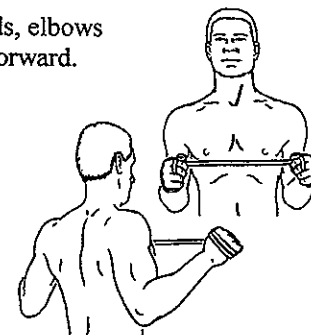
Shrug shoulders up and down,
forward and backward.



Repeat 20 times per set.
Do 1 sets per session.
Do 1 sessions per day.

SHOULDER - 112 Resisted External Rotation: in Neutral
- Bilateral

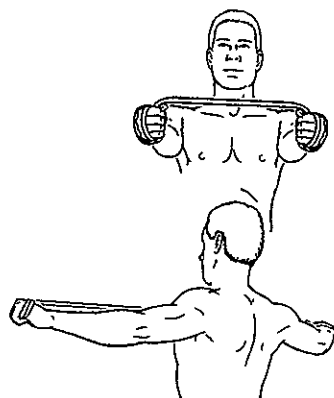
Sit or stand, tubing in both hands, elbows
at sides, bent to 90°, forearms forward.
Pinch shoulder blades together
and rotate forearms out.
Keep elbows at sides.



Repeat 20 times
per set.
Do 1 sets
per session.
Do 1 sessions
per day.

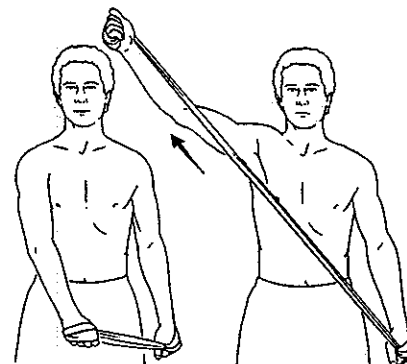
SHOULDER - 113 Resisted Horizontal Abduction: Bilateral

Sit or stand, tubing in both
hands, arms out in front.
Keeping arms straight, pinch
shoulder blades together and
stretch arms out.



Repeat 20 times per set.
Do 1 sets per session.
Do 1 sessions per day.

SHOULDER - 88 PNF Strengthening: Resisted



Standing with resistive band around each hand, bring
right arm up and away, thumb back.

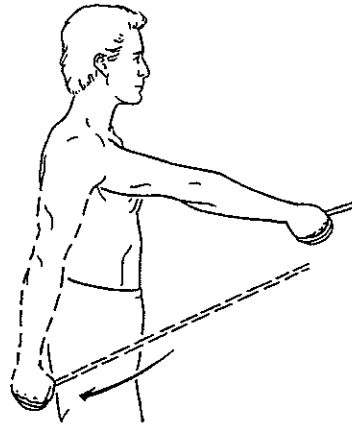
Repeat 10 times per set. Do 1 sets per session.
Do 1 sessions per day.

Routine For: T. Warwas
Created By: Nicholas J Cronan, DPT

Jun 08, 2011
Final C/sp Therex

SHOULDER - 45 Strengthening: Resisted Extension

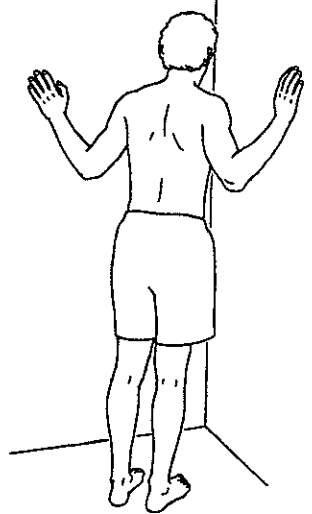
Hold tubing in right hand,
arm forward. Pull arm
back, elbow straight.



Repeat 30 times per set.
Do 1 sets per session.
Do 1 sessions per day.

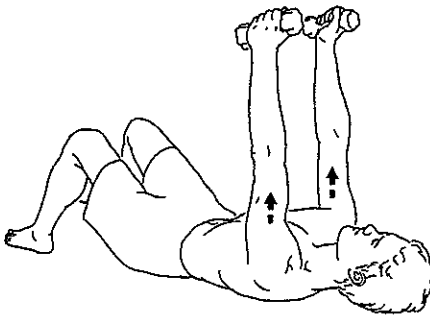
CERVICAL SPINE - 24 Flexibility: Corner Stretch

Standing in corner with hands
just above shoulder level and
feet 4 inches from
corner, lean forward until
a comfortable stretch
is felt across chest.
Hold 2 seconds.



Repeat 20 times per set.
Do 1 sets per session.
Do 1 sessions per day.

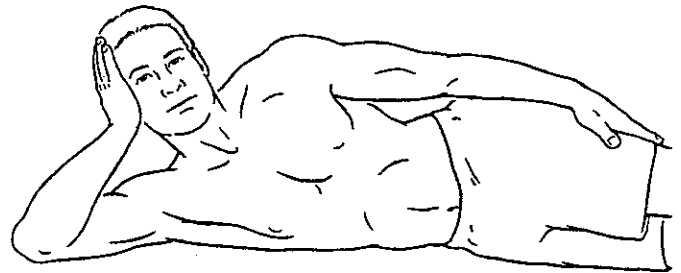
SHOULDER - 57 Scapular: Protraction - 90° of Flexion



Holding 2-3 pound weights, attempt to push arms up
toward ceiling, keeping elbows straight and back against
floor.

Repeat 20 times per set. Do 1 sets per session.
Do 1 sessions per day.

CERVICAL SPINE - 60 Corkscrew

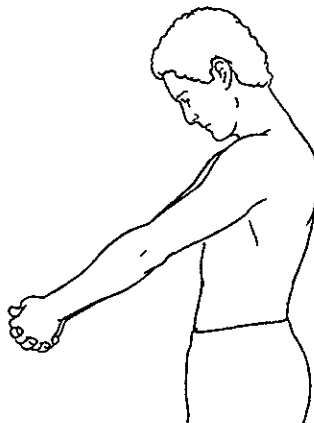


Lie on right side with left hand on your hip. Bend your left
elbow and relax the elbow down, behind your back. Relax in
this position for 1-2 minutes.

Repeat 1 times per set. Do 1 sets per session.
Do 1 sessions per day.

CERVICAL SPINE - 30
Lower Cervical / Upper Thoracic Stretch

Clasp hands together in front
with arms extended. Gently
pull shoulder blades apart
and bend head forward.
Hold 15 seconds.

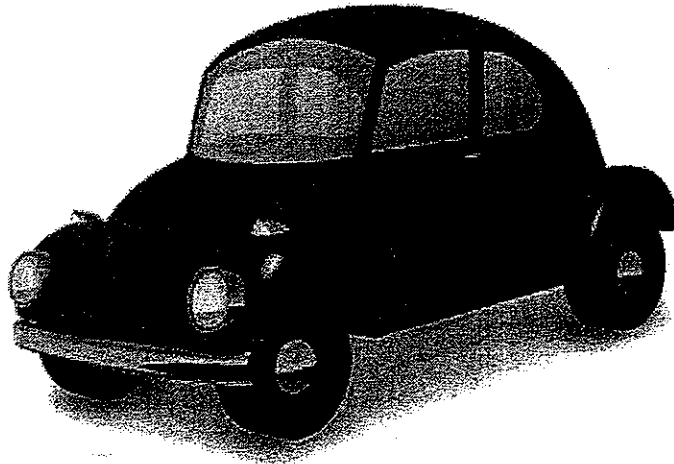


Repeat 3 times per set.
Do 1 sets per session.
Do 1 sessions per day.



Motor Vehicle Accident

Motor vehicle accidents are one of the leading causes of injuries. Even a low-speed (5-10 mph) crash with little or no vehicle damage can result in some minor injuries.



Injuries caused by motor vehicle accidents range from minor cuts, bruises, and scrapes to back and neck injuries (such as strained neck muscles), broken bones, head injuries (like a *concussion*, which affects thinking and balance), and severe internal injuries (to the chest or abdominal organs).

Signs and symptoms of an injury from a crash may include neck pain and stiffness, headaches, chest pain, difficulty breathing, abdominal pain, dizziness, loss of balance, ear ringing, blurred vision, memory problems, difficulty concentrating, moodiness, tiredness, sleep problems, upper or lower back pain, and arm, hand, leg, or foot pain.

Anyone can be injured in a motor vehicle accident, but children are hurt more frequently. Most injuries occur from not using the proper safety restraints (seatbelts, carseats, etc.). A child not properly restrained or sitting in an adult's lap can receive serious injuries, even at low speeds or during sudden stops.

Most minor accidents result in little, if any, serious injury. They usually cause strained muscles and bruises, which go away in a few days. Treatment for more serious injuries depends on the type and severity of the injury and the parts of the body involved. This may include casting of broken bones, short or long term physical therapy, surgery, and "watchful waiting." It can take days or even weeks for some injuries to appear, and some that don't seem too serious may get worse over time. A follow-up with your primary care doctor is very important.

Home Care

- If the doctor prescribed any medications, take them exactly as prescribed.
- Make a follow-up appointment with your primary care doctor (or recommended specialist) as soon as possible.
- Take only medications that your/your child's doctor has approved.
- If you are a pregnant woman, see your obstetrician as soon as possible.
- Watch for signs of *whiplash* (sudden neck strain), particularly neck, shoulder, or back pain or stiffness, and pain or numbness in the hands.
- Don't drink alcohol or take recreational drugs.
- Get plenty of rest during the day and sleep at night.
- Resume normal activities slowly.
- Ask your doctor when you can drive a car or operate any other equipment that requires



Lake Charles

Memorial Hospital

Everything Your Healthcare Should Be.

1701 Oak Park Boulevard • Lake Charles, Louisiana 70601 • (337) 494-2556 • FAX (337) 494-2698
Outpatient Rehabilitation and Sports Medicine

Billing Information

ATTENTION VALUED PATIENTS

- Please note that filling to your Insurance Company is not a guarantee of payment .
- Please be aware that some Insurance Companies do not pay 100% of amount billed
- We will file with your insurance. The patient will be responsible for any remainder after insurance pays.
- If you have any questions regarding your account, please contact the Business Office at (337) 494-3265. Monday through Friday, 8:00AM – 4:30PM.

Patient Signature

Date

PATIENT NON-COMPLIANCE POLICY

Dear Client,

In an effort to help you recover and to be sure that all of our clients are scheduled as efficiently as possible, we recommend and hope that you will attend your scheduled therapy appointments.

In consideration of your schedule and the demands of insurance companies and workers compensation, we have developed certain criteria by which a client may be discharged from therapy services. Please familiarize yourself with these criteria and sign and date this form.

We hope that you will be as committed to your rehabilitative care as we are.

- Clients who cancel 3 consecutive scheduled appointments may be discharged.
- Clients who miss 50% of their scheduled appointments within the prescription dated period or duration of planned treatment may be discharged.
- New clients that miss 3 scheduled "first" appointments and/or surpass 2 weeks from the physician prescription date will be discharged.
- Letters will be sent to the client's referring physician and/or case manager.
- Prior to resuming therapy, a new prescription will be required from the client's physician.

Patient Signature

Date

Name: _____ Date: _____

Occupation: _____ Age: _____

Sex: _____ M or _____ F Date of Birth: _____

Presently working: Yes _____ No _____

Physical Requirements of your job: _____

Are you currently receiving home health for any healthcare needs? (please check one)

_____ YES _____ NO

PAST MEDICAL HISTORY:

Cancer: Yes _____ No _____

Malignant _____ Benign _____ Where _____

Diabetes: Yes _____ No _____ Insulin _____

Cardiac: High Blood Pressure _____

Heart Attack _____ / /

Bypass _____ / /

Pacemaker _____ / /

Surgeries: _____

Other Diagnoses: _____

PRESENT MEDICAL HISTORY:

Diagnosis: _____ Doctor: _____

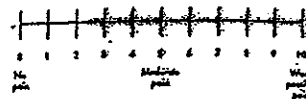
How was the injury sustained: _____

Date of injury: _____

Previous admit to Hospital: _____ / _____ / _____

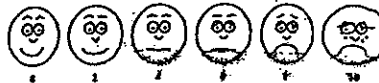
Surgeries: _____

1. Rate your pain on a scale from 1 (lowest) to 10 (highest)?



2. When did your pain begin? _____

3. Where is your pain? _____



4. How long does your pain last? _____

5. How would you describe your pain? _____

6. What increases your pain? _____

7. What decreases your pain? _____

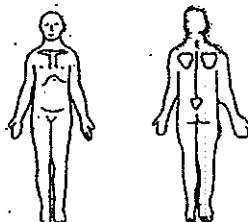
8. Where precisely did the pain start? (Draw it in with an "X")

9. What is your pain like first thing in the morning?

Better/Worse: Stiff _____ Sore _____ Sharp _____

10. What is your pain like by mid-day?

Better/Worse: Stiff _____ Sore _____ Sharp _____



Better/Worse: Stiff _____ Sore _____ Sharp _____ Pg 33 of 72

13. Does it hurt at night? Yes _____ No _____

If yes, can you change positions to decrease your pain? Yes _____ No _____

14. Do you have any tingling, numbness, or loss of skin sensation? Yes _____ No _____

Explain: _____

15. Have you received treatment for this condition? Yes _____ No _____

List: _____

Did it help? Yes _____ No _____

16. Presently are you: Getting better _____ Worse _____ Staying much the same _____

17. Have you experienced similar symptoms before? Yes _____ No _____

Describe: _____

18. Are you taking any medications? Yes _____ No _____

MEDICAL TEST RESULTS:

TEST	DATE	RESULTS	WHAT AREA
X-Rays	/ /		
MRI	/ /		
CT Scan	/ /		
Bone Scan	/ /		
Angiogram	/ /		
EMG	/ /		
Cardiac			
Catheterization	/ /		

What concerns you most? Your pain _____

Restrictions of Activities _____

Both _____

N/A _____

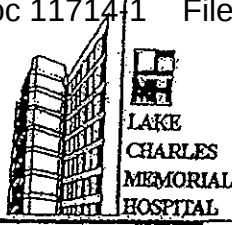
When is your next physician appointment? ____ / ____ / ____

What are your goals in coming to physical therapy or occupational therapy? _____

Our goal is to help you achieve the most efficient and successful recovery based on your doctor's referral. In order for us to help you, you must attend your scheduled appointments. Your progress depends on your attendance. Please acknowledge that you are committed to a rehabilitation program designed specifically for you by signing below.

Patient

Therapist



1701 Oak Park Boulevard • Lake Charles, Louisiana • (337) 494-3000

Billing Information

ATTENTION VALUED PATIENTS

- We request payment of your co-pays and/or deductibles at the time of services. Arrangements, when necessary, can be made with your Registration Representative.
- Referrals when applicable are the patient/guarantor responsibility. If you have questions please ask your Registration Representative for clarification.
- If you do not have insurance coverage, please contact a Financial Counselor at (337) 494-2893 or (337) 494-4641.

For your convenience, we accept all major Credit Cards.

You will be receiving a statement within 30 days for this service. If you do not receive this statement, please contact the Business Office at (337) 494-3265.

OTHER BILLING

Be aware that certain professional services rendered during your visit will be provided by physicians who are independent practitioners and are not employees or agents of the hospital. These fees will be billed to you directly by the physician or medical group, which performs the interpretation. Therefore, you may receive a separate bill from the following:

Radiologist (X-Rays, Ultrasounds, etc.)

Pathologist (Lab Test)

Anesthesiologist

Attending/Consulting Physicians

~~Business Office hours are 8:00 AM - 4:30 PM Monday through Friday. Any~~
questions please call the Business Office at (337) 494-3265.

look forward to servicing your needs. Thank you for choosing Lake Charles Memorial Hospital.

Lake Charles Memorial Hospital

PATIENT BILL OF RIGHTS

The Board of Trustees, Medical Staff and each employee at Lake Charles Memorial Hospital is committed to assure you excellent care. Because it is our policy to respect your individuality and your dignity, it has long been our sincere intention to provide you with the considerations listed below. We believe they are rightful expectations on our part.

1. You or your representative have the right to express concerns regarding your hospital stay and have them addressed quickly and respectfully. If the staff is unable to resolve your concerns, you are encouraged to contact Volunteer Services at 494-3030 or the Administrator on Call at 494-3000 so that an investigation can be conducted. If you wish to contact an outside agency, you may do so by contacting someone at Department of Health and Hospitals (DHH), Health Standards Section, PO Box 3767, Baton Rouge, LA 70821 or call (225) 342-6429.
2. You have the right to the care medically indicated for your problem. We will provide service without considerations to race, color, religion or national origin.
3. You have the right to be treated respectfully by others; to be addressed by your proper name and without question to receive an appropriate and helpful response.
4. You have the right to expect that your individuality will be respected and that difference in cultural and educational background will be taken into account so far as is practical.
5. You have the right to personal privacy and confidentiality. You should be able to talk with your doctor, nurse or an administrative officer in private, and know that the information you supply will not be overheard nor given to others without your permission.

In the Hospital, when you are in a semi-private room, you can expect a reasonable attempt to keep the conversation private. When you are examined, you are entitled to privacy -- to have the curtains drawn, to know the role of any observers unrelated to your care, and to have them leave if you so request. Your hospital records are confidential, and no person or agency beyond those caring for you should learn the information in your medical record without your specific permission.

You have the right to be fully informed of your medical condition; to know the name of the doctor who is responsible for your care; to receive all the information necessary for you to understand your medical problem, the planned course of treatment and the prognosis or medical outlook for your future. You have the right to ask your doctor any questions that concern your health. You have the right to request from your doctor a consultation on your medical condition, if you desire it. You have the right to have a full explanation of any research study before you agree to participate in it. If you agree to certain diagnostic and therapeutic procedures recommended by your doctor, you may be asked to sign a consent form.

You have the right to make informed decisions regarding care; the right to request or refuse treatment; and the right to formulate advance directives and to have hospital staff and practitioners comply with those directives.

~~You have the right to receive care in a safe setting.~~

- You have the right to receive appropriate assessment and management of pain.
- You have the right to be free from mental/physical abuse, chemical and physical restraints, except in emergencies and as authorized by your physician for a specified and limited period of time.
- You have the right to inquire about the possibility of various payment plans to help you in the payment of your hospital bill.



Amount Remitted: _____

Office Phone: 337/439-4706
Patient Name: TOMMY WARWAS

548 1 AT 0.357 *2 00548



Tommy Warwas 1944307
PO Box 5765
Lake Charles LA 70606-5765



Radiology Assoc Of SW LA
PO Box 3749
Lake Charles LA 70602

DIAGNOS2-0208640-0000548-1472158-001-000170-#000556-0015

PLEASE RETURN TOP PORTION WITH PAYMENT

THIS IS YOUR FINAL NOTICE!

You have failed to meet your obligation to pay this bill as required.

Full payment is required. Should you fail to promptly make payment or contact us, we will recommend that further collection efforts be taken by our collection agency.

In order to avoid any collection efforts by our agency, please make payment in full. Direct all payments and inquiries to:

Radiology Assoc Of SW LA
PO Box 3749
Lake Charles LA 70602
Office Phone: 337/439-4706

Sincerely,

Final Resolution Department

PAYMENT DUE ON: 12/17/2009

Radiology Assoc Of SW LA
PO Box 3749
Lake Charles LA 70602

CARD NUMBER		SEC. CODE	AMOUNT
NAME ON CARD (PLEASE PRINT)		EXP. DATE	
SIGNATURE			
STATEMENT DATE 03/23/2009	ACCOUNT # 0640156556	PAY THIS AMOUNT \$50.00	

Office Hours: 8:00 a.m. - 5:00 p.m.
Phone: 337/439-4706 IRS# 74-1740101

Patient: WARWAS TOMMY E

AMOUNT PAID

74174010100000000000064015655600050008

MAKE CHECK PAYABLE & REMIT TO:

5662 1 AT 0.346 *21 05662
Tommy E Warwas 0640156556
PO Box 5765
Lake Charles LA 70606-5765

Radiology Assoc Of SW LA
PO Box 3749
Lake Charles LA 70602

DIAGNOS1-0184308-0005662-1278228-001-000224-#005786
PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.

DETACH HERE AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

DATE	DOCTOR	CPT	DESCRIPTION OF SERVICE	AMOUNT
03/13/09	E	72100	LUMBOSACRAL SPINE AP AND LATERAL	\$50.00

PAYMENT DUE ON: 04/07/2009

BALANCE DUE: \$50.00

Patient: WARWAS TOMMY E Account Number: 0640156556 Statement Date: 03/23/2009
Location: ST PATRICK HOSPITAL Referring Physician: LENO CONGTANG MD

IF YOU HAVE INSURANCE, PLEASE CONTACT OUR OFFICE IMMEDIATELY. THIS IS THE ONLY STATEMENT YOU WILL RECEIVE. PLEASE PAY IN FULL BY DUE DATE SHOWN ABOVE.

Radiology Assoc Of SW LA
PO Box 3749
Lake Charles LA 70602

Phone: 337/439-4706 IRS# 74-1740101

FINANCIAL SERVICES
(337) 265-2840

PO Box 52253
 Lafayette LA 70505-2253
 RETURN SERVICE REQUESTED

September 10, 2010

1255326-100 881863 000150

|||||

Tommy Warwas
 PO Box 5765
 Lake Charles LA 70606-5765

Delta Financial Services
 PO Box 52253
 Lafayette LA 70505-2253

|||||

Creditor Acct. # 81755-1
 Creditor: Lake Charles Medical & Surgical Clinic
 Balance: \$2203.79

Past Due Balance

Detach Upper Portion And Return With Payment

Name: Tommy Warwas
 Creditor: Lake Charles Medical & Surgical Clinic
 Creditor Acct. #: 81755-1
 Service Date: 07/14/08
 Balance: \$2203.79



Your creditor has placed your account with our collection service for collection. If you have any questions please call us at 337-265-2840.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

If you wish to pay by VISA or MasterCard, fill in the information below and return the entire letter to us.



Account Number	Payment Amount	Expiration Date
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>

Card Holder Name	Signature of Card Holder	Date	3-Digit Security Code (found on the back of card)
10NDEL701100			

NAME Tom Warrner
HAS AN APPOINTMENT ON _____
☐ MON. ☒ TUES. Y ☐ WED. ☐ THUR. ☐ FRI. ☐ SAT.
DATE 4-22-03 AT 2:00 PM

640 DR. MICHAEL DEBAKEY DRIVE
LAKE CHARLES, LA 70601
TELEPHONE (337) 562-1000
FAX (337) 439-8829
IF UNABLE TO KEEP APPOINTMENT KINDLY GIVE 24 HOURS NOTICE.

2. Summary of Prescription Claims Processed from 04/01/2010 through 04/30/2010

Date Prescription Filled	Prescription Claim Number	Name of Drug	Quantity Filled	Amount Plan Paid	Amount You Paid	Amount Paid by Secondary Coverage/ Other Sources	Extra B. from Medicare
04/02/2010	1269136	NEXIUM CAP 40MG	30.00	\$0.00	\$6.30	\$0.00	\$164.86
04/02/2010	1270272	HYDROCO/APAP TAB 10-650MG	60.00	\$0.00	\$2.50	\$0.00	\$5.92
04/26/2010	1268662	LYRICA CAP 150MG	270.00	\$419.88	\$6.30	\$0.00	\$173.45

Totals

- Total Drug Costs from 04/01/2010 to 04/30/2010: \$779.21
- Out-of-Pocket costs: \$359.33
- Amount you paid: \$15.10
- Total Amount left to pay before catastrophic coverage: \$4,182.25

also:

Topamax

Clonazepam

T3cpro from

can send labels if needed
should be in my records
sent to you.

Thank you

com



Your Medicare Number: XXX-XX-2749A

Page 5 of 7
December 23, 2009

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11-09344-441-120						
Partners IN Physical Therapy, Ste D, 3221 Ryan St , Lake Charles, LA 70601-8780						b,c
Referred by: Hutchinson, Carolyn A Regan, Freddie A. PT						
12/09/09	3 Manual therapy (97140-GPKX)	\$135.00	\$74.10	\$59.28	\$14.82	
12/09/09	1 Ultrasound therapy (97035-GPKX)	30.00	11.06	8.85	2.21	
	Claim Total	\$165.00	\$85.16	\$68.13	\$17.03	
<hr/>						
Claim number 11-09348-479-480						
Partners IN Physical Therapy, Ste D, 3221 Ryan St , Lake Charles, LA 70601-8780						b,c
Referred by: Hutchinson, Carolyn A Regan, Freddie A. PT						
12/11/09	1 Therapeutic exercises (97110-GPKX)	\$45.00	\$26.69	\$21.35	\$5.34	
12/11/09	3 Manual therapy (97140-GPKX)	135.00	74.10	59.28	14.82	
	Claim Total	\$180.00	\$100.79	\$80.63	\$20.16	

Notes Section:

- a This approved amount has been applied toward your deductible.
- b This information is being sent to Medicaid. They will review it to see if additional benefits can be paid.
- c 1643.95 has been applied during this calendar year 2009 towards the 1840.00 limit on outpatient physical therapy and speech-language pathology benefits.
- d \$ 33.65 of this approved amount has been applied toward your deductible.
- e Medicare does not pay separately for this service.
- f You cannot be billed separately for this item or service. You do not have to pay this amount.

(continued)

06353622000079170304

Your Medicare Number: XXX-XX-2749A

Page 3 of 7
December 23, 2009

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
11/04/09	1 Electrical stimulation (97032-GP)	32.00	15.35	12.28	3.07	
11/04/09	1 Hot or cold packs therapy (97010-GP)	21.00	0.00	0.00	0.00	e,f,g
11/05/09	2 Therapeutic exercises (97110-GP)	90.00	53.38	42.70	10.68	
11/05/09	2 Manual therapy (97140-GP)	90.00	49.40	39.52	9.88	
	Claim Total	\$368.00	\$192.23	\$153.78	\$38.45	
<hr/>						
Claim number 11-09316-408-180						
Partners IN Physical Therapy, Ste D,						b,c
3221 Ryan St , Lake Charles, LA 70601-8780						
Referred by: Hutchinson, Carolyn A						
Regan, Freddie A. PT						
11/10/09	2 Therapeutic exercises (97110-GP)	\$90.00	\$53.38	\$42.70	\$10.68	
11/10/09	2 Manual therapy (97140-GP)	90.00	49.40	39.52	9.88	
	Claim Total	\$180.00	\$102.78	\$82.22	\$20.56	
<hr/>						
Claim number 11-09321-468-870						
Partners IN Physical Therapy, Ste D,						b,c
3221 Ryan St , Lake Charles, LA 70601-8780						
Referred by: Hutchinson, Carolyn A						
Gilley, Lauren A.						
11/12/09	2 Therapeutic exercises (97110-GP)	\$90.00	\$53.38	\$42.70	\$10.68	
11/12/09	2 Manual therapy (97140-GP)	90.00	49.40	39.52	9.88	
11/13/09	2 Manual therapy (97140-GP)	90.00	49.40	39.52	9.88	
11/13/09	2 Therapeutic exercises (97110-GP)	90.00	53.38	42.70	10.68	
	Claim Total	\$360.00	\$205.56	\$164.44	\$41.12	
<hr/>						
Claim number 11-09322-452-990						
Partners IN Physical Therapy, Ste D,						b,c
3221 Ryan St , Lake Charles, LA 70601-8780						
Referred by: Hutchinson, Carolyn A						
McBride, Mark B.						
11/16/09	2 Manual therapy (97140-GP)	\$90.00	\$49.40	\$39.52	\$9.88	
11/16/09	1 Therapeutic exercises (97110-GP)	45.00	26.69	21.35	5.34	
11/16/09	1 Electrical stimulation (97032-GP)	32.00	15.35	12.28	3.07	
	Claim Total	\$167.00	\$91.44	\$73.15	\$18.29	

06353622000079170204

Partners in Physical Therapy

3221 Ryan Street

Suite D

Lake Charles, LA 70601

Phone: (337) 439-3344

Fax: (337) 439-3380

Appointment list for Warwas, Tommy

Thank you for visiting Partners in Physical Therapy. If we can be of any further assistance, please let us know.

Date	Time	Appointment Type	Clinician	Copay
Mon, Nov 30, 2009	04:00 PM	Medicare Daily Visit	Regan, Freddie	0.00
Fri, Dec 04, 2009	04:00 PM	Medicare Daily Visit	Gilley, Lauren	0.00
Mon, Dec 07, 2009	04:00 PM	Medicare Daily Visit	Regan, Freddie	0.00
Wed, Dec 09, 2009	04:00 PM	Medicare Daily Visit	Gilley, Lauren	0.00
Fri, Dec 11, 2009	04:00 PM	Medicare Daily Visit	Gilley, Lauren	0.00
Mon, Dec 14, 2009	04:00 PM	Medicare Daily Visit	Gilley, Lauren	0.00
Wed, Dec 16, 2009	04:00 PM	Medicare Daily Visit	Gilley, Lauren	0.00
Fri, Dec 18, 2009	04:00 PM	Medicare Daily Visit	McBride, Mark	0.00
Mon, Dec 21, 2009	04:00 PM	Re-Evaluation	Gilley, Lauren	0.00

Additional Instructions:

Thank you,
Partners in Physical Therapy

Your Medicare Number: XXX-XX-2749A

335360154
Page 2 of 7
December 23, 2009

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11-09306-421-900						
Partners IN Physical Therapy, Ste D,						b,c
3221 Ryan St , Lake Charles, LA 70601-8780						
Referred by: Hutchinson, Carolyn A						
Gilley, Lauren A.						
10/28/09	2 Therapeutic exercises (97110-GP)	\$90.00	\$53.38	\$15.78	\$37.60	d
10/28/09	2 Manual therapy (97140-GP)	90.00	49.40	39.52	9.88	
10/29/09	2 Therapeutic exercises (97110-GP)	90.00	53.38	42.70	10.68	
10/29/09	2 Manual therapy (97140-GP)	90.00	49.40	39.52	9.88	
Claim Total		\$360.00	\$205.56	\$137.52	\$68.04	
Claim number 11-09307-432-530						
Partners IN Physical Therapy, Ste D,						b,c
3221 Ryan St , Lake Charles, LA 70601-8780						
Referred by: Hutchinson, Carolyn A						
Gilley, Lauren A.						
10/30/09	2 Therapeutic exercises (97110-GP)	\$90.00	\$53.38	\$42.70	\$10.68	
10/30/09	2 Manual therapy (97140-GP)	90.00	49.40	39.52	9.88	
Claim Total		\$180.00	\$102.78	\$82.22	\$20.56	
Claim number 11-09308-479-520						
Partners IN Physical Therapy, Ste D,						b,c
3221 Ryan St , Lake Charles, LA 70601-8780						
Referred by: Hutchinson, Carolyn A						
Gilley, Lauren A.						
11/02/09	2 Manual therapy (97140-GP)	\$90.00	\$49.40	\$39.52	\$9.88	
11/02/09	1 Therapeutic exercises (97110-GP)	45.00	26.69	21.35	5.34	
11/02/09	1 Electrical stimulation (97032-GP)	32.00	15.35	12.28	3.07	
Claim Total		\$167.00	\$91.44	\$73.15	\$18.29	
Claim number 11-09313-432-440						
Partners IN Physical Therapy, Ste D,						b,c
3221 Ryan St , Lake Charles, LA 70601-8780						
Referred by: Hutchinson, Carolyn A						
Gilley, Lauren A.						
11/04/09	3 Manual therapy (97140-GP)	\$135.00	\$74.10	\$59.28	\$14.82	

Radiology Assoc Of SW LA
PO Box 3749
Lake Charles LA 70602

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW.		
<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	
CARD NUMBER	SEC. CODE	AMOUNT
NAME ON CARD (PLEASE PRINT)		EXP. DATE
SIGNATURE		
STATEMENT DATE 09/25/2009	ACCOUNT # 1944307	PAY THIS AMOUNT \$156.40



AMOUNT PA

Office Hours: 8:00 a.m. - 5:00 p.m.
Phone: 337/439-4706 IRS# 74-1740101

Patient: WARWAS TOMMY

74174010100000000000000194430700156409

MAKE CHECK PAYABLE & REMIT TO:

3015 1 AT 0.357 *14

03015

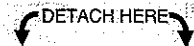


Tommy Warwas 1944307
Box 5765
Lake Charles LA 70606-5765



Radiology Assoc Of SW LA
PO Box 3749
Lake Charles LA 70602

DIAGNOS1-0201734-0003015-1419998-001-000152-#003223-0001
CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.



AND RETURN THIS TOP PORTION WITH YOUR PAYMENT
USING THE RETURN ENVELOPE ENCLOSED

DATE	DOCTOR	CPT	DESCRIPTION OF SERVICE	AMOUNT
07/18/09	E	72125	CT CERVICAL SPINE W/O CONTRAST	\$189.00
07/18/09	E	70450	CT HEAD OR BRAIN W/O CONTRAST	\$169.00
08/12/09	E	E45	PMT-EXCEED FEE SCH/MAX ALLOW CONTRA	\$0.00
			081009@5374840 D156	
08/12/09	E	380	CR-BLUE SHIELD ADJUSTMENT	\$201.60-

PAYMENT DUE ON: 10/10/2009**BALANCE DUE: \$156.40**

Patient: WARWAS TOMMY

Account Number: 1944307

Statement Date: 09/25/2009

Location: LAKE CHARLES MEMORIAL

Referring Physician: STEVEN HEDLESKY MD

YOUR INSURANCE COMPANY HAS RESPONDED TO THIS
CLAIM. THE ACCOUNT BALANCE IS YOUR
RESPONSIBILITY. THIS IS THE ONLY STATEMENT YOU
WILL RECEIVE. PLEASE PAY IN FULL BY DUE DATE

Radiology Assoc Of SW LA
PO Box 3749
Lake Charles LA 70602

Phone: 337/439-4706 IRS# 74-1740101

Test: _____ Location: _____ Phone: _____ Scheduled Date/Time: _____
Test: _____ Location: _____ Phone: _____ Scheduled Date/Time: _____
Test: _____ Location: _____ Phone: _____ Scheduled Date/Time: _____

The Neurology center will send the order for your test and your insurance information to the facility above. We will ask them to call you to schedule a time that is convenient for you. If you have not received a call in two working days, please call them to schedule.

Lab Work

- ☐ Have your lab work drawn _____
- ☐ Do not eat or drink after midnight _____ OK to eat and drink after midnight
- ☐ After completing all tests, call the office within 3-5 working days for results.
- ☐ All test results will be discussed at your next appointment.

Medications

- ☒ Bring to your appointment, all the medicines, including vitamins and over the counter medicines you are taking.

Prescription refills given today: _____

- ☐ Updated list of medicines reviewed and given to patient.
- ☐ Please replace any old medicine list with your new one. Let your doctors and pharmacist know you have had changes in your medicines.

- ☒ Call the clinic if you have any questions or concerns: Phone # 337-289-4978 Fax # 337-289-4951. If you are calling after business hours, please listen for the phone number for the on call physician.

4 weeks
Next Appointment: Day Wed Date 12-15-10 Time 2:30

See your gastroenterologist

Topamax 50mg 1 at bedtime for 1 week
then 2 at bedtime for 1 week
then 3 at bedtime for 1 week
then 4 at bedtime

Time 3 PM Date 11/16/10 Signature/Relationship Tom Warwas Nurse Signature [Signature]
M D Y

TOM WARWAS

PATIENT LABEL

OUR LADY OF LOURDES REGIONAL MEDICAL CENTER
611 ST LANDRY STREET, LAFAYETTE, LA 70506

NEUROLOGY CENTER DISCHARGE INFORMATION



; NEW 01/10

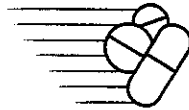
BTX00812391

PrimeMail® Refill Order Form



Mail this form to:

Prime Therapeutics, LLC
PO BOX 650041
Dallas, TX 75265-0041



For faster refills:

Our automated refill line at 877.357.7463
Visit WWW.MYRXHEALTH.COM

PATIENT INFORMATION



TOMMY WARWAS
P O BOX 5765

Card Holder's ID: 903559287
Patient's Date of Birth: 04/20/1957
Patient's Phone: (337)309-5945

LAKE CHARLES LA 70606-0000
Patient's Email:

☐ If your drug allergies or health conditions have changed, please update.

DRUG ALLERGIES

☐ None ☐ Codeine ☐ Sulfa
☐ Aspirin ☐ Erythromycin ☐ Penicillin
☐ Other _____

HEALTH CONDITIONS

☐ Arthritis ☐ Diabetes ☐ Glaucoma ☐ High cholesterol
☐ Asthma ☐ Depression ☐ Heart condition ☐ Hypertension
☐ Other _____

PATIENT'S REFILLS

Use this form to request your refills by filling in the applicable ovals completely (☒) and mail to PrimeMail pharmacy.

Rx #	Drug Name	Rx Expires	Refillable After
<input type="checkbox"/> 06203849	LYRICA 50MG CAP	01/25/10	08/03/09
<input type="checkbox"/> 05691010	TOPAMAX TAB 100MG	03/17/10	11/01/09
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

PATIENT'S NEW PRESCRIPTIONS

Drug Name	Physician/Prescriber's Name & Phone Number	*Mark if brand requested
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Total Number of New Prescriptions: _____

Mail the original physician-signed prescriptions with this completed form. If more than 3 prescriptions are needed, write the requested information from this table on a separate piece of paper and enclose with your order.

*Pharmacy law may permit pharmacists to substitute a less expensive FDA-approved generically equivalent medication for a brand-name medication unless you or your prescriber indicate otherwise. Some health plans require the patient to pay the difference between generic and brand name cost.

CONTINUED ON BACK ➔

ADDRESS

PHONE 877.357.7463

WEB SITE WWW.MYRXHEALTH.COM

PRIME MAIL

Date: 09/02/2009

Patient: TOMMY WARWAS

Drug Name: TOPAMAX TAB 100MG

Rx: 05691010

Doctor: STEVEN SNATIC

GENERIC NAME: TOPIRAMATE (toe-PIR-a-mate)

COMMON USES: This medicine is an anticonvulsant used alone or with other medicines to control certain types of seizures. It may be also used to prevent migraine headaches or to treat other conditions as determined by your doctor.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine has a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. **SWALLOW WHOLE.** Do not break, crush, or chew before swallowing. This medicine may be taken on an empty stomach or with food. **DRINKING EXTRA FLUIDS** while you are taking this medicine is recommended. Check with your doctor or nurse for instructions. **STORE THIS MEDICINE** at room temperature, between 59 and 86 degrees F. (15 and 30 degrees C), in a tightly-closed container, away from heat and light. Do not suddenly stop taking this medicine. Suddenly stopping this medicine may cause seizures to occur more often. If you need to stop this medicine, your doctor will gradually lower your dose. **IF YOU MISS A DOSE OF THIS MEDICINE**, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule.

CAUTIONS: DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it or are allergic to any ingredient in this product. **KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS** while you are using this medicine. Laboratory and/or medical tests may be done before you start taking this medicine and during therapy to monitor for side effects. **BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY**, tell the doctor or dentist that you are taking this medicine. **THIS MEDICINE WILL ADD TO THE EFFECTS OF ALCOHOL** and other depressants. **DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS** until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. **THIS MEDICINE MAY REDUCE SWEATING** which could raise your body temperature, especially in children. The risk of this serious side effect is greater in hot weather and/or during vigorous exercise. Drink plenty of fluids and dress lightly while in hot climates, or when exercising. Check carefully for signs of decreased sweating. If this occurs, promptly seek cooler or air-conditioned shelter and/or stop exercising. **SEEK IMMEDIATE MEDICAL ATTENTION** if your body temperature is above normal, or if you have mental or mood changes, headache, or dizziness. **THIS MEDICINE MAY CAUSE HIGH BLOOD ACID LEVELS (METABOLIC ACIDOSIS).** Contact your doctor immediately if you experience fast breathing, unusual weakness or fatigue, sluggishness, fainting, persistent loss of appetite, or irregular heartbeat. **PATIENTS WHO TAKE THIS MEDICINE MAY BE AT INCREASED RISK FOR SUICIDAL THOUGHTS OR ACTIONS.** The risk may be greater in patients who have had suicidal thoughts or actions in the past. Watch patients who take this medicine closely. Contact the doctor at once if new, worsened, or sudden symptoms such as depressed mood; anxious, restless, or irritable behavior; panic attacks; or any unusual change in mood or behavior occur. Contact the doctor right away

if any signs of suicidal thoughts or actions occur. **THIS MEDICINE MAY CAUSE SERIOUS EYE PROBLEMS** that could lead to permanent loss of vision if not treated. Seek medical attention right away if you experience new eye symptoms (eg, blurred vision or other vision changes, eye pain or redness). **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or over-the-counter, check with your doctor or pharmacist. **FOR WOMEN, TAKING THIS MEDICINE** while you are using birth control pills may decrease the effectiveness of your birth control pills. To prevent pregnancy, use an additional form of birth control while you are taking this medicine. **IF YOU PLAN ON BECOMING PREGNANT**, discuss with your doctor the benefits and risks of using this medicine during pregnancy. **THIS MEDICINE IS EXCRETED in breast milk.** **IF YOU ARE OR WILL BE BREAST-FEEDING** while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include diarrhea, drowsiness, constipation, loss of appetite, nausea, numbness and tingling, decreased sweating, tiredness, or trouble sleeping. If they continue or are bothersome, check with your doctor. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience chest pain; loss of concentration; severe abdominal pain; significant weight loss; loss of coordination; memory problems; vision changes; unusual eye movement; fast, deep breathing; unusual bruising or bleeding; unusual tiredness; irregular heartbeat; tremor; change in speech; new or worsening mental or mood changes; or suicidal thoughts or actions. **SEEK IMMEDIATE MEDICAL ATTENTION** if you experience increased body temperature, unexplained fever, or very serious eye problems such as a sudden vision change or blurred vision, eye pain, or redness. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are also taking a carbonic anhydrase inhibitor (eg, acetazolamide). **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking hormonal birth control (eg, birth control

ADDRESS
PHONE 877.357.7463
WEB SITE WWW.MYRXHEALTH.COM

PRIMEMAIL

Date: 09/02/2009

Patient: **TOMMY WARWAS**
Drug Name: **TOPAMAX TAB 100MG**

Rx: 05691010

Doctor: **STEVEN SNATIC**

pills), carbamazepine, hydantoins (eg, phenytoin), lithium, anticholinergics (eg, benztropine), tricyclic antidepressants (eg, amitriptyline), haloperidol, valproic acid, metformin, pioglitazone, hydrochlorothiazide, or risperidone. **DO NOT START OR STOP ANY MEDICINE** without doctor or pharmacist approval. Inform your doctor of any other medical conditions including a history of status epilepticus (continuous seizure activity or a series of seizures without a full return to consciousness), glaucoma, liver or kidney problems, kidney stones, kidney dialysis, osteoporosis (weak bones), metabolic problems, lung or breathing problems, low bicarbonate levels in the blood, allergies, pregnancy, or breast-feeding. Tell your doctor if you have a history of mental or mood problems, or suicidal thoughts or actions. Tell your doctor if you have diarrhea, are on a ketogenic diet, drink alcohol, or you will be having surgery. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include agitation; depression; lethargy; loss of coordination; mental impairment; seizures; severe drowsiness or dizziness; severe or persistent stomach pain; stupor; and vision problems (eg, blurred or double vision).

ADDITIONAL INFORMATION: **DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children and pets. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME**, obtain refills before your supply runs out.

IDENTIFICATION: This medicine is a yellow, round-shaped, coated, tablet imprinted with OMN on one side and 100 on the other side.

The information in this monograph is not intended to cover all possible uses, directions, precautions, drug interactions, or adverse effects. This information is generalized and is not intended as specific medical advice. If you have questions about the medicines you are taking or would like more information, check with your doctor, pharmacist, or nurse.



CHRISTUS
Health®

03/13/09
AL0640156556
WARWAS,TOMMY E
AL.EDMAIN
CONGTANG,LENO H MD

Patient Visit Information

Staff

Your caregivers today were:

Physician	CONGTANG,LENO H MD
Practitioner	CHARMAINE LEMAIRE
Nurse	KXB

Patient Instructions Reviewed

Back Pain
Hypertension

received 03/13/09 - 2151

Activity Restrictions or Additional Instructions

F/U WITH PMD IN AM IF SYMPTOMS WORSEN

Medication Dose and Instructions

Cyclobenzaprine Hcl (Flexeril) 5 MG, ORAL THREE TIMES A DAY, #15
Hydrocodone-Apap 5-500 (Lortab 5-500) 1 TAB, ORAL FOUR TIMES DAILY, #25

Follow-up

WARWAS,TOMMY E has been referred to the following clinics/specialists for follow up care:

DIGIGLIA,JOHN A III MD
4150 NELSON ROAD
BUILDING A, SUITE 3
LAKE CHARLES, LA 70605
Ph: (337) 474-7290
Fax: (337) 477-4674

medicare

Dr. Thorne 721-7236



CHRISTUS
Health®

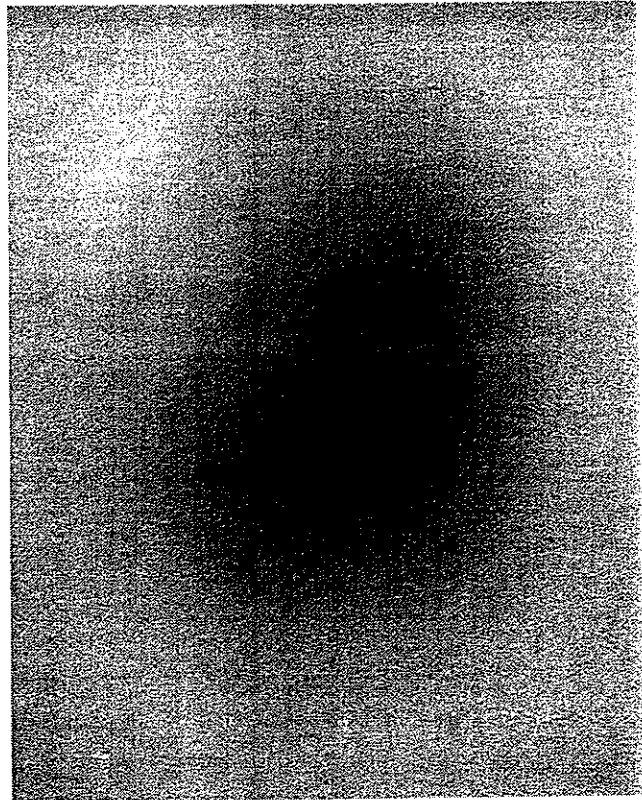
AL0640100702
WARWAS, TOMMY E
AL EDMAIN
BURTON, JOHN M MD

Contusion (Bruise)

A contusion, or bruise, is an injury that doesn't break the skin but causes discoloration (a "black and blue" area). It forms when the small blood vessels near the skin surface break and leak blood under the skin.

Most bruises are caused by bumping into or being struck by something, usually during sports, fights, falls, or physical work (like home repairs). Some people bruise more easily than others. Certain medications (like blood thinners) and medical conditions (such as blood clotting problems and blood related diseases) can also cause people to bruise more easily.

The first signs and symptoms of a bruise are usually a red or purple bump with pain and possibly swelling. Sometimes a bruise can cause enough pain and swelling that the affected area (like a leg) is hard to move. After a day or so, the bruise may look blue or even black. It may then turn green, yellow, and brown until it fades away around a week or two later.



Treatment for most bruises focuses on reducing pain and swelling while the body heals on its own. Bruising associated with a medication, medical condition, or serious injury requires a follow-up with a primary care doctor (or recommended specialist).

Home Care

- Take over-the-counter and prescription medications for pain, swelling, and discomfort, as directed by the doctor. *Don't take or give aspirin or any aspirin-containing products unless your doctor says it's okay.*
- Make a follow-up appointment with your primary care doctor or a recommended specialist.
- Don't rub or massage the bruised area. It can make the pain and swelling worse and lead to other problems.
- Use **RICE** therapy to reduce pain and swelling and aid healing, as follows:
 - **R**-est the affected area as much as you can. Protect it from further injury and start using it again slowly.
 - **I**-ce the bruise for the first 48 hours. Apply an ice pack for 20 minutes on, then 20 minutes off. After 48 hours, use a heating pad for 20 minutes on then off.
 - **C**-ompress the bruised area by lightly wrapping it with an elastic bandage.
 - **E**-levate the injured area above or level with your heart, as much as possible.



03/13/09
AL0640156556
WARWAS,TOMMY E
AL.EDMAIN
CONGTANG,LENO H MD

Back Pain

Back pain can occur from a muscle strain, muscle spasm, herniated (slipped) disk, pinched nerve, or strained ligament.

If you are overweight, out of shape, or use bad body mechanics (improper lifting, reaching, bending, etc.), you are more likely to injure your back.

Back pain usually heals on its own with time and rest. Healing can take from a few days to a month or so.



Home Care

- Try to do your normal daily activities, but don't do anything strenuous for several days.
- Lie down and rest, as needed, in a comfortable position. You can lie on your side with a pillow between your legs or on your back with a pillow under your knees.
- Apply heat and cold to your back. For the first 48 hours, apply an ice pack to the area for 20 minutes on, then 20 minutes off. After 48 hours, use a heating pad for 20 minutes on then off.
- Take over-the-counter and prescription medications, as directed by your doctor.

Prevention

Here are some guidelines to help you prevent future back problems:

- Stand and sit up straight.
- Don't stay in one position for too long.
- When sitting, keep your knees even with your hips and put a cushion behind your lower back.
- Don't stretch your arms or trunk when reaching. Move closer to the object.
- Don't bend at your waist. Lower yourself by bending your knees.
- Don't twist at your waist. Turn your whole body.
- Exercise regularly to keep back muscles strong and flexible.
- Learn and practice proper lifting techniques.

When to Call the Doctor

Call your doctor, or go the Emergency Department, if you have:

- decreased feeling or weakness in one or both legs
- symptoms that get worse
- sudden increase in pain

Go to the Emergency Department immediately if you lose bowel or bladder control.



Pg 53 of 72

►INSURANCE INFORMATION

Insurance Name	MEDICARE
Name of Insured	TOMMY E WARWAS
Policy Number	462042749A

This is your balance 1,143.33

Billing questions or an itemized bill request? Call your customer service representative at 337-494-3265 Monday-Friday 8:00 am to 4:30 pm.
See back for more information.

921428A (06/07)

33431

Please write your account number on your check.

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.



ADDRESSEE:

TOMMY E WARWAS
P O BOX 5765
LAKE CHARLES, LA 70606-5765

REMIT TO:

LAKE CHARLES MEMORIAL HOSPITAL
1701 OAK PARK BLVD
LAKE CHARLES, LA 70601

<u>Payment Method</u>		
Check <input type="checkbox"/>	Money Order <input type="checkbox"/>	Credit Card <input type="checkbox"/>
Billing Date 02/19/2010	Pay This Amount \$ 84.00	Acct. # 033534
Due Date Due Upon Receipt		Show Amount Paid Here \$

 <input type="checkbox"/>  <input type="checkbox"/>	
Card Number	Amount
Signature	Exp Date

Remit To:

11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847

Family Medical Center
2750 Aster Street
Lake Charles, LA 70601-8824

Please detach and return top portion with your payment.

Account # 033534[illegible]

Family Medical Center, 2750 Aster Street, Lake Charles, LA 70601-8824

PO Box 52253
Lafayette LA 70505-2253
RETURN SERVICE REQUESTED



DELTA
FINANCIAL SERVICES
(337) 265-2840

February 26, 2010

1180287-111 609566 003661



Tommy Warwas
PO Box 5765
Lake Charles LA 70606-5765

Delta Financial Services
PO Box 52253
Lafayette LA 70505-2253



Ref No.: 1180287
Total Balance: \$124.18

Past Due Balance

Detach Upper Portion And Return With Payment

Ref No.: 1180287
Balance: \$124.18



Tommy E Warwas,

Sometimes drastic steps are taken to collect an account which could have been avoided with the debtors co-operation. To avoid such measures you must either, pay the above balance, make acceptable arrangements for settlement, or notify us in the event you do not regard the bill as a just debt.

If you have any questions please call us at 337-265-2840. If you continue to ignore requests for friendly deposition of this bill, you must accept the responsibility for any future collection procedure. Your creditors are listed as follows:

Emergency Medicine Specia 124.18

The entire balance of \$124.18 is due.

Visa and MasterCard accepted!

This is an attempt to collect a debt and any information obtained will be used for that purpose.
This communication is from a debt collector.

If you wish to pay by VISA or MasterCard, fill in the information below and return the entire letter to us.



| Account Number | Payment Amount | Expiration Date |
|----------------|----------------|-----------------|
| | \$ | / |

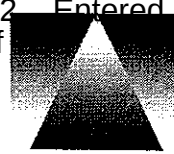
Card Holder Name

Signature of Card Holder

Date

3ONDELTO1111

PO Box 52253
Lafayette LA 70505-2253
RETURN SERVICE REQUESTED



DELTA
FINANCIAL SERVICES
(337) 265-2840

January 23, 2010

1180287-100 557828 001179



Tommy Warwas
PO Box 5765
Lake Charles LA 70606-5765

Delta Financial Services
PO Box 52253
Lafayette LA 70505-2253



Creditor Acct. # 0051772194
Creditor: Emergency Medicine Specialists
Balance: \$124.18

Past Due Balance

Detach Upper Portion And Return With Payment

Name: Tommy E Warwas
Creditor: Emergency Medicine Specialists
Creditor Acct. #: 0051772194
Service Date: 07/18/09
Balance: \$124.18



Your creditor has placed your account with our collection service for collection. If you have any questions please call us at 337-265-2840.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

10NDEL701100

Payment Method

ADDRESSEE:**Remit To:**

Family Medical Center
2750 Aster Street
Lake Charles, LA 70601-8824

Please detach and return top portion with your payment.

Account # 033534

[illegible]

Page 1

0024 0001772194
EMERGENCY MEDICINE SPECIALISTS APMC
P.O. BOX 48305
JACKSONVILLE FL 32247-8305

011769
Filed 05/14/12 Entered 05/15/12 15:11:03
Pg 58 of 72

Exhibit

Return Service Requested

Place of Service: LAKE CHARLES MEMORIAL HOSPITAL

GOT500.A35FPH001234.J03N8B.011769 011762



TOMMY WARWAS
PO BOX 5765
LAKE CHARLES LA 70606

762



| | |
|--|-------------------------------------|
| PATIENT NAME
TOMMY E WARWAS | |
| ACCOUNT NUMBER
0824*0051772194 | STATEMENT DATE
10/05/2009 |

| | |
|-------------------------------|-------------|
| AMOUNT DUE
\$124.18 | AMOUNT PAID |
|-------------------------------|-------------|



EMERGENCY MEDICINE SPECIALISTS APMC
DEPT AT 952544
ATLANTA GA 31192-0001



PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

| | | | | Page 1 of 1 |
|------------|---------------------|---------|----------------------------|-------------|
| Date | Doctor | Code | Description | Amount |
| 07/18/2009 | STEVEN HEDLESKY, MD | 99284 | EMERGENCY DEPARTMENT VISIT | 381.00 |
| 08/17/2009 | | 0050282 | DENIAL INS#1 | |
| 08/17/2009 | | 0050282 | WRITE OFF - INS#1 | -256.82 |
| 08/17/2009 | | 0050282 | 124.18 DEDUCTIBLE | |
| 09/04/2009 | | 0030020 | DENIAL INS#2 31 CANNOT IDE | |

ACCESS/CHANGE YOUR ACCOUNT VIA THE INTERNET ANYTIME!!!
Visit us at <http://www.peryourhealth.com> and enter your account
number of 188-51772194 and password 6D7F4A

| | | | |
|--|--|---|----------------------------|
| ACCOUNT NUMBER
0824*0051772194 | DATE OF STATEMENT
10/05/2009 | PAYMENTS AFTER THIS
DATE WILL APPEAR ON
YOUR NEXT STATEMENT | BALANCE
\$124.18 |
|--|--|---|----------------------------|

PATIENT NAME

TOMMY E WARWAS

BILLING QUESTIONS

OUT OF AREA: 1(866)-898-7012 CUSTOMER SERVICE
MON-FRI 8:00 AM THRU 5:45 PM EST

YOUR INSURANCE COMPANY HAS
PAID ITS PORTION OF YOUR BILL
THE BALANCE IS NOW DUE AND
PAYABLE BY YOU. PLEASE PAY
PROMPTLY. IF YOU HAVE ANY
QUESTIONS ABOUT THE BALANCE
WE ASK THAT YOU FIRST CONTACT
YOUR INSURANCE COMPANY
THANK YOU

* Tax Id: 721484152
Place of Service: LAKE CHARLES MEMORIAL HOSPITAL

MAKE CHECKS PAYABLE TO:

EMERGENCY MEDICINE SPECIALISTS APMC
DEPT AT 952544
ATLANTA GA 31192-0001
(866)-898-7012



OUR LADY OF LOURDES
REGIONAL MEDICAL CENTER
Franciscan Missionaries of Our Lady Health System
611 ST. LANDRY STREET, LAFAYETTE, LA 70506

345500 345500
Filed 05/14/12
Pg 59 of 72

Entered 05/15/12 15:11:03 Exhibit

RETURN SERVICE REQUESTED

| ACTIVITY
STATEMENT DATE | TOTAL | ACCOUNT # |
|----------------------------|-------|------------|
| 10/03/09 | | 0917000091 |

F/C:BC

P/T:SER

OUR LADY OF LOURDES
PO BOX 90906
LAFAYETTE LA 70509

TOM WARWAS
P O BOX 5765
LAKE CHARLES LA 70606

296



| PATIENT NAME | ACCOUNT NO. | ADMIT DATE | DISCHARGE DATE |
|--|-------------|------------|-----------------|
| WARWAS, TOM | 0917000091 | 09/03/09 | 09/30/09 |
| DESCRIPTION | | | AMOUNT |
| 761 TREATMENT ROOM | | | 66.00 |
| 983 PRO FEE/CLINIC | | | 23.00 |
| TOTAL CHARGES | | | 89.00 |
| 09/04/09 P0011 391 UPFRONT PATIENT PAYMENT | | | -20.00 |
| TOTAL PAYMENTS/ADJUSTMENTS | | | -20.00 |
| NOTICE:
THIS IS NOT A BILL. DO NOT PAY. IF IT IS
DETERMINED THAT THIS SERVICE OR A PORTION
OF THESE SERVICES IS NOT PAYABLE BY YOUR
HEALTH PLANS, YOU WILL BE RESPONSIBLE. | | | |
| INSURANCE NAME | GROUP # | POLICY | ACCOUNT BALANCE |
| 300098 BCBS PPO | | | |

09-50026-mg Doc 11714-1
PLANTATION BILLING CENTER
PO BOX 189016
PLANTATION FL 33318-9016

Filed 05/14/12 Entered 05/15/12 15:11:03
Pg 60 of 72

**DETACH AND RETURN THIS COUPON WITH
THE REVERSE SIDE COMPLETED TO PAY BY
CREDIT CARD, TO PROVIDE INSURANCE
INFORMATION OR FOR CHANGE OF ADDRESS.**

Patient
Name: TOMMY E WARWAS AMT DUE: \$1,454.00

Credit card charges will appear as "Team Health"

PHYSICIAN SERVICES RENDERED AT: CHRISTUS ST PATRICK HOSPITAL

04315112-28-31900
TOMMY E WARWAS T77 P1 PS/020162
PO BOX 5765
LAKE CHARLES LA 70606-5765

28
EMERG PHYS CHRISTUS ST PATRICK
DEPT: A ☐ B ☐ C ☐ (check one - see reverse)
PO BOX 189016
PLANTATION FL 33318-9016

018100043151125026028810183190060014540085

↑ Detach Here ↑

| DATE | INVOICE# | DESCRIPTION | PROVIDER | DEBITS | CREDITS |
|----------|----------|----------------------|---|----------|---------|
| 03/15/09 | 81840111 | EMERGENCY DEPT VISIT | BURTON MD,JOHN M / GUILLORY NP,DAVID P | \$727.00 | |
| 03/13/09 | 81923555 | EMERGENCY DEPT VISIT | CONGTANG MD,LENO H / LEMAIRE FNP,CHARMINE H | \$727.00 | |

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

ACCOUNT NUMBER: 04315112-28-31900 STATEMENT DATE: 04/01/09 TOTAL NOW DUE: \$1,454.00

PLEASE REMIT BALANCE DUE. IF YOU HAVE INSURANCE COVERAGE OR WANT TO PAY BY CREDIT CARD, VISIT OUR WEBSITE AT WWW.TEAMHEALTH.COM OR
COMPLETE THE BACK OF THIS STATEMENT OR SEND A COPY (FRONT AND BACK) OF YOUR INS CARD

For Billing Inquiries, call 1-888-952-6772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time.

SEND US YOUR INFORMATION OVER THE WEB!

You may now provide insurance information and make credit card payments at www.teamhealth.com

↓ Detach Here ↓

PAYMENT COUPON - RETURN WHEN PAYING BY CHECK OR MONEY ORDER

PATIENT NAME: TOMMY E WARWAS ACCT#: 04315112-28-31900 CHECK#: AMT PAID:

PHYSICIAN SERVICES RENDERED AT: CHRISTUS ST PATRICK HOSPITAL

DO NOT STAPLE OR TAPE YOUR CHECK
OR MONEY ORDER TO THIS COUPON

☐ CHECK HERE FOR CHANGE OF ADDRESS

MAKE CHECKS PAYABLE TO:

04315112-28-31900
Tommy E Warwas
PO Box 5765
Lake Charles LA 70606-5765

28
EMERG PHYS CHRISTUS ST PATRICK
PO BOX 740022
CINCINNATI OH 45274-0022

018100043151125026028810183190060014540085

Pg 61 of 72

Radiology Assoc Of SW LA

PO Box 3749

Lake Charles LA 70602

Date:

04/27/2009

Patient Name:

TOMMY E WARWAS

Account #:

0640156556

Amount Due:

\$50.00



Amount Remitted: _____

Office Phone: 337/439-4706

Patient Name: TOMMY E WARWAS

4951 1 AT 0.346 *21

04951



Tommy E Warwas 0640156556

PO Box 5765

Lake Charles LA 70606-5765

**Radiology Assoc Of SW LA**

PO Box 3749

Lake Charles LA 70602

DIAGNOS2-0187376-0004951-1302089-001-000182-#005251

PLEASE RETURN TOP PORTION WITH PAYMENT

THIS IS YOUR FINAL NOTICE!

You have failed to meet your obligation to pay this bill as required.

Full payment is required. Should you fail to promptly make payment or contact us, we will recommend that further collection efforts be taken by our collection agency.

In order to avoid any collection efforts by our agency, please make payment in full. Direct all payments and inquiries to:

Radiology Assoc Of SW LA

PO Box 3749

Lake Charles LA 70602

Office Phone: 337/439-4706

Sincerely,

Final Resolution Department

PAYMENT DUE ON: 05/12/2009

A-PCP-SP

DIAGNOS2-0187376-0004951-1302089-001-000182-#005251

PO Box 52253
Lafayette LA 70505-2253
RETURN SERVICE REQUESTED



DELTA
FINANCIAL SERVICES
(337) 265-2840

November 5, 2010

Delta Financial Services
PO Box 52253
Lafayette LA 70505-2253

1255326-111 940847 000339



Tommy Warwas
PO Box 5765
Lake Charles LA 70606-5765



Ref No.: 1255326
Total Balance: \$2203.79

Past Due Balance

Detach Upper Portion And Return With Payment

Ref No.: 1255326
Balance: \$2203.79



Tommy Warwas,

Sometimes drastic steps are taken to collect an account which could have been avoided with the debtors co-operation. To avoid such measures you must either, pay the above balance, make acceptable arrangements for settlement, or notify us in the event you do not regard the bill as a just debt.

If you have any questions please call us at 337-265-2840. If you continue to ignore requests for friendly deposition of this bill, you must accept the responsibility for any future collection procedure. Your creditors are listed as follows:

Lake Charles Medical & Su 2203.79

The entire balance of \$2203.79 is due.

Visa and MasterCard accepted!

This is an attempt to collect a debt and any information obtained will be used for that purpose.
This communication is from a debt collector.

If you wish to pay by VISA or MasterCard, fill in the information below and return the entire letter to us.



| Account Number | Payment Amount | Expiration Date |
|----------------|----------------|-----------------|
| | \$ | / |

| Card Holder Name | Signature of Card Holder | Date | 3-Digit Security Code
(found on the back of card) |
|------------------|--------------------------|------|--|
| 3ONDELT01111 | | | |



08300970*

ADDRESS PO BOX 650041, Dallas, TX 75265-0041

PHONE 877.357.7463

WEB SITE WWW.MYRXHEALTH.COM

PRIME MAIL

Receipt

TOMMY WARWAS
P O BOX 5765
LAKE CHARLES, LA 70606

Plan: 000691
Member ID: 903559287
Group: 0007

Order Number: 08300970
Ship Date: 09/02/09

| Rx | Patient Name | Drug Name | Qty | Plan Paid | Member Paid |
|----------|--------------|--|------|-----------|-------------|
| 05691010 | TOMMY WARWAS | TOPAMAX TAB 100MG
NDC: 50458-0641-65
Your next refill may be placed on or after 11/01/2009
Your prescription has 2 refills remaining through 03/17/2010 | 90ea | \$.00 | \$50.85 |

| | |
|-------------------|---------|
| Order Total: | \$50.85 |
| Previous Balance: | \$70.15 |
| Payment Received: | \$.00 |
| Credit Due: | \$19.30 |

Here are some guidelines for people with a family history of high blood pressure (or heart disease):

- Take any prescribed medicine exactly as directed, even if you're feeling fine.
- Get regular exercise.
- Eat healthy and reduce your salt intake.
- Get plenty of sleep.
- Limit alcohol and caffeine.
- Quit smoking.
- Don't abuse drugs.
- Lose weight, if necessary, and maintain a healthy weight.
- Check your blood pressure regularly. Buy a BP monitor or use the automatic machine at your local drug store.
- Learn ways to reduce stress and relax. Some relaxation techniques include yoga, meditation, slow rhythmic breathing, and visualization.

When to Call the Doctor

Call your doctor, or go to the Emergency Department, if you have:

- a sudden rise in your blood pressure while taking BP medicine
- pounding heartbeats in your ears
- ringing in your ears
- a resting pulse rate greater than 100 heartbeats per minute
- faster than normal pulse lasting more than 1 hour

Go to the Emergency Department right away, or get emergency medical help, if you have:

- lightheadedness, dizziness, faintness
- weakness
- shortness of breath or trouble breathing
- chest, neck, jaw, or shoulder pain
- sudden, severe headache with dizziness, blurred vision, nausea, confusion, anxiety
- severe chest pain or breathlessness that occurs at rest
- symptoms of stroke (weakness or numbness on one side of the body, problems speaking)

Thank you for choosing Christus St. Patrick Emergency Department for your health care needs.



03/13/09
AL0640156556
WARWAS, TOMMY E
AL. EDMAIN
CONGTANG, LENO H MD

High Blood Pressure (Hypertension)

Blood pressure (BP) is the force of blood against the artery walls as the heart beats. High blood pressure, or hypertension, means that this force (or tension) is too high.

Because blood pressure varies during the day and from day to day, doctors monitor readings over time and calculate an average. A BP reading consists of two numbers (for example, 110/80). The top/first number (called *systolic*) indicates the force of blood when the heart beats. The bottom/second number (*diastolic*) indicates the force when the heart rests between beats. If the average systolic number is over 140 OR the average diastolic number is over 90, then a person's blood pressure is considered high.

Symptoms of high blood pressure may include headaches, dizziness, vision problems, and nausea. However, many times the condition has no symptoms and may not be detected for many years. This is why hypertension is often called the "silent killer." The higher a person's blood pressure and the longer it stays that way, the more damage it can do. High blood pressure damages the walls of arteries in the neck, brain, heart, and kidneys and can lead to serious problems like stroke, heart attack, and kidney failure.

Causes of hypertension are not easy to determine, but certain factors can increase the risk of developing it. They include poor diet, high salt intake, lack of exercise, overweight, smoking, alcohol, stress, age, and family history,

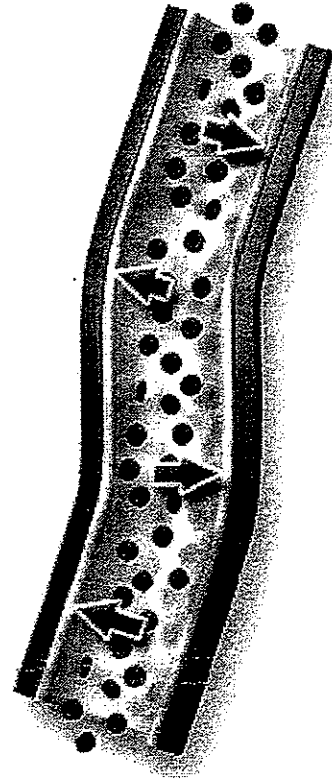
Although high blood pressure is usually associated with older people and aging arteries, anyone can develop it. A newborn's normal blood pressure is usually around 70/52. Teenagers are generally less than 130/70, depending on their body size. In adults, blood pressure lower than 140/90 is generally considered normal.

Treatment focuses on controlling high blood pressure and limiting damage to the body. It can include life-long monitoring, medications, and possibly lifestyle changes.

Home Care

- If the doctor prescribed any medications, take them exactly as directed.
- Make a follow-up appointment with your primary care doctor (or recommended specialist) as soon as possible.
- Learn how to take your own blood pressure and keep a diary of your readings. This helps your doctor track your BP status and adjust your medications, if necessary;

Prevention



#96691

Neurology Center Discharge Information

Tom Was Was

Testing

| Test Ordered | Office / Facility | Phone number |
|----------------|-------------------|--------------|
| _____ at _____ | _____ | _____ |
| _____ at _____ | _____ | _____ |
| _____ at _____ | _____ | _____ |

The Neurology Center will send the order for your test and your insurance information to the facility above. We will ask them to call you to schedule a time that is convenient for you. If you have not received a call in two working days, please call them to schedule.

Lab Work

_____ Have your lab work drawn _____
_____ Do not eat or drink after midnight _____ OK to eat and drink after midnight
_____ All test results will be discussed at your next visit

Medications

☒ Bring all your medicines to your appointment. Please remember to bring vitamins and any over the counter medicines you are taking
_____ Prescription refills given to you today _____
_____ Updated list of medicines reviewed and given to patient
_____ Please replace any old medicine list with your new one. Let your doctors and pharmacist know you have had a change in your medicines.

☒ Call the clinic if you have any questions. Phone# 337-289-4978 Fax# 337-289-4951 If you are calling after business hours, please listen for the phone number of the doctor on call

Next Appointment - Day Tues Date 6/23/09 Time 1:30

Continue Lopamax

Patient Signature *Tom Warner*
Nurse *Ronan*
Date 6/23/09 Time 3 PM



OUR LADY OF LOURDES
REGIONAL MEDICAL CENTER
Franciscan Missionaries of Our Lady Health System
611 ST. LANDRY STREET, LAFAYETTE, LA 70506

345500 345500
Filed 05/14/12 Entered 05/15/12 15:11:03
Pg 67 of 72

0004561 Exhibit

RETURN SERVICE REQUESTED

| ACTIVITY
STATEMENT DATE | TOTAL | ACCOUNT # |
|----------------------------|-------|------------|
| 05/04/09 | | 0909100784 |

F/C:BC

P/T:SER

OUR LADY OF LOURDES
PO BOX 90906
LAFAYETTE LA 70509

TOM WARWAS
P O BOX 5765
LAKE CHARLES LA 70606

456



| PATIENT NAME | ACCOUNT NO. | ADMIT DATE | DISCHARGE DATE |
|--|-------------|------------|-----------------|
| WARWAS, TOM | 0909100784 | 04/01/09 | 04/30/09 |
| DESCRIPTION | | | AMOUNT |
| 761 TREATMENT ROOM | | | 63.00 |
| 983 PRO FEE/CLINIC | | | 43.00 |
| TOTAL CHARGES | | | 106.00 |
| 04/24/09 P0011 274 UPFRONT PATIENT PAYMENT | | | -20.00 |
| TOTAL PAYMENTS/ADJUSTMENTS | | | -20.00 |
| NOTICE:
THIS IS NOT A BILL. DO NOT PAY. IF IT IS
DETERMINED THAT THIS SERVICE OR A PORTION
OF THESE SERVICES IS NOT PAYABLE BY YOUR
HEALTH PLANS, YOU WILL BE RESPONSIBLE. | | | |
| INSURANCE NAME | GROUP # | POLICY | ACCOUNT BALANCE |
| 300098 BCBS PPO | | | |



CHRISTUS
Health.

AL00401301 02
WARWAS, TOMMY E
AL, EDMAIN
BURTON, JOHN M MD

Patient Visit Information

Staff

Your caregivers today were:

Physician BURTON, JOHN M MD
Practitioner DAVID GUILLORY
Nurse AWF

Patient Instructions Reviewed

Contusion
Motor Vehicle Accident

received 03/15/09 - 1813

Activity Restrictions or Additional Instructions

FOLLOW UP WITH ORTHOPEDIC MD THIS WEEK IF NOT BETTER OR RETURN HERE IF WORSE.
TAKE MEDICATION AS DIRECTED. USE ICE - NO HEAT.

Medication Dose and Instructions

Naproxen Ec (Naprosyn Ec) 1 TAB, ORAL TWICE A DAY, #30

Follow-up

WARWAS, TOMMY E has been referred to the following clinics/specialists for follow up care:

UNASSIGNED, ED

GOOLSBY, HENRY J III MD
501 DR. MICHAEL DEBAKEY DRIVE
LAKE CHARLES, LA 70601
Ph: (337) 433-8400
Fax: (337) 312-8411

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Radiology Assoc Of SW LA

PO Box 3749

Lake Charles LA 70602

Date:

04/27/2009

Patient Name:

TOMMY E WARWAS

Account #:

0640156702

Amount Due:

\$34.00



Amount Remitted: _____

Office Phone:

337/439-4706

Patient Name:

TOMMY E WARWAS

4952 1 AT 0.346 *21

04952



Tommy E Warwas 0640156702

PO Box 5765

Lake Charles LA 70606-5765

**Radiology Assoc Of SW LA**

PO Box 3749

Lake Charles LA 70602

DIAGNOS2-0187376-0004952-1302089-001-000183-#005252

PLEASE RETURN TOP PORTION WITH PAYMENT

THIS IS YOUR FINAL NOTICE!

You have failed to meet your obligation to pay this bill as required.

Full payment is required. Should you fail to promptly make payment or contact us, we will recommend that further collection efforts be taken by our collection agency.

In order to avoid any collection efforts by our agency, please make payment in full. Direct all payments and inquiries to:

Radiology Assoc Of SW LA

PO Box 3749

Lake Charles LA 70602

Office Phone: 337/439-4706

Sincerely,

Final Resolution Department

PAYMENT DUE ON: 05/12/2009



OUR LADY OF LOURDES

REGIONAL MEDICAL CENTER

Franciscan Missionaries of Our Lady Health System

April 8, 2009

Account No.: 0904700117

Patient Name: WARWAS, TOM

Date of Service: 02-28-09

Amount Due: \$93.00

WARWAS, TOM
P O BOX 5765
LAKE CHARLES, LA 70606

Dear TOM WARWAS:

Thank you for selecting Our Lady of Lourdes Regional Medical Center for your recent medical services.

We have filed the above claim with your insurance carrier and have applied all insurance payments to your account. The remaining amount due is your responsibility.

NOTICE: THIS IS A BILL. BASED UPON INFORMATION FROM YOUR HEALTH PLAN, YOU OWE THE AMOUNT SHOWN.

For your convenience a return envelope is enclosed. If you would like to use a major credit card please complete and return the form below.

A patient account representative will be available to assist you at 337-289-4866 or 866-316-6185 between the hours of 8:00 AM and 5:00 PM CST Monday through Friday.

Sincerely,

Account Representative
337-289-4866 or 866-316-6185

XAMB\1513438\

(Please Detach and Send With Payment)

Our Lady of Lourdes Regional Medical Center
PO Box 90906
Lafayette, LA 70509-0906
Return Service Requested

Payment Type: MC ☐ VISA ☐ DSCVR ☐ AMEX ☐

Card #:

Amount Paid: \$ _____ Exp Date: _____

Cardholders Name: _____

Signature: _____

PERSONAL & CONFIDENTIAL
WARWAS, TOM
P O BOX 5765
LAKE CHARLES, LA 70606

Our Lady of Lourdes Regional Medical Center
PO Box 90906
Lafayette, LA 70509-0906



Patient Name: WARWAS, TOM

Acct #: 0904700117

XAMB\1513438\

#96691

Neurology Center Discharge Information

Tom Warras

Testing

| Test Ordered | Office / Facility | Phone number |
|----------------|-------------------|--------------|
| _____ at _____ | _____ | _____ |
| _____ at _____ | _____ | _____ |
| _____ at _____ | _____ | _____ |

The Neurology Center will send the order for your test and your insurance information to the facility above. We will ask them to call you to schedule a time that is convenient for you. If you have not received a call in two working days, please call them to schedule.

Lab Work

_____ Have your lab work drawn _____
_____ Do not eat or drink after midnight _____ OK to eat and drink after midnight
_____ All test results will be discussed at your next visit

Medications

☒ Bring all your medicines to your appointment. Please remember to bring vitamins and any over the counter medicines you are taking
_____ Prescription refills given to you today Topamax
☒ Updated list of medicines reviewed and given to patient
_____ Please replace any old medicine list with your new one. Let your doctors and pharmacist know you have had a change in your medicines.

☒ Call the clinic if you have any questions. Phone# 337-289-4978 Fax# 337-289-4951 If you are calling after business hours, please listen for the phone number of the doctor on call

Next Appointment - Day Thurs Date 4/16/09 Time 1:30

Melatonin 3mg - 1 tablet at bedtime - about 2-3 hrs before bedtime

Try to wear off loz tabs

Patient Signature Tom Warras
Nurse Brown
Date 3/17/09 Time 1:50

Topamax

MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST



CLAIMS ROOM

Claims Room

Search By: Creditor Name includes: tommy warwas
Displaying: Creditor Name contains 'tommy warwas'

View All

Search

| Claim Schedule # | Claim Schedule | Creditor Name | Status | Date | Current Total | C/U/D | Transferred | Image |
|------------------|----------------|---------------|----------------|------------|---------------|-------|-------------|----------|
| MLC-0021043 | C | TOMMY WARWAS | To Be Resolved | 03/03/2011 | \$296,900.00 | FFFF | F | Download |
| MLC-0021054 | C | TOMMY WARWAS | To Be Resolved | 03/07/2011 | \$296,900.00 | FFFF | F | Download |

Claims

Hotline
(800) 414-9607

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October 24, 2011 @ 09:40:45 AM

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MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST



CLAIMS ROOM

Creditor Summary

Claims Room -> Creditor Summary

| Match Code: 9965891.01 | | | | | | | | | |
|------------------------|---|--------|---------|----------------|--------------|-----------|--------------|--|--|
| Filed Claims Tally | | Count | Secured | Administrative | Priority | Unsecured | Total | | |
| As Filed | 2 | \$0.00 | \$0.00 | \$0.00 | \$683,800.00 | \$0.00 | \$683,800.00 | | |
| Current Status | 2 | \$0.00 | \$0.00 | \$0.00 | \$683,800.00 | \$0.00 | \$683,800.00 | | |
| Scheduled Claims Tally | | Count | Secured | Administrative | Priority | Unsecured | Total | | |
| As Filed | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Current Status | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |

Filed Claims

| Claim # | Creditor | Date | Total | Status | C/U/D | Debtor | Transferred |
|-------------|--------------|------------|--------------|----------------|-------|----------------------------|-------------|
| MLC-0021043 | TOMMY WARWAS | 03/03/2011 | \$296,900.00 | To Be Resolved | FFFF | Motors Liquidation Company | F |
| MLC-0021054 | TOMMY WARWAS | 03/07/2011 | \$296,900.00 | To Be Resolved | FFFF | Motors Liquidation Company | F |

Hotline
(800) 414-9607

Records per page: 25

Scheduled Liabilities

Records: 1 - 2 of 2 - Pages: 1 - 1 - 1

Schedule #

Creditor

Total

Status

C/U/D| | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| There are no records available. | | | | | | | |

Records per page: 25

Scheduled Liabilities

Records: 0 - 0 of 0 - Pages: 1 - 1 - 1

Schedule #

Creditor

Total

Status

C/U/D| | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| There are no records available. | | | | | | | |

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October 24, 2011 @ 09:41:20 AM

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